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IMPLIED WARRANTY IN THE SALE OF FOODSTUFFS.

An interesting decision of the Supreme Judicial Court of Massachusetts is published in this issue of the Public Health Reports, page 3477. A Massachusetts man and his wife were made ill by eating pork, and they brought suit for damages against the dealer who sold the meat. The court stated the facts as follows: "His wife [the wife of the purchaser], acting as his agent, left to the defendant the selection of the meat, and paid for it at the current price for sound, wholesome pork chops. * * * The defendant Freshman undertook to make the selection so left to him. The meat was cooked, and was eaten by the plaintiff and his wife, and both were made sick."

The law of Massachusetts applicable to the case was stated in the opinion as follows: "Where the buyer at a shop relies on the skill and judgment of the dealer in selecting food, and it is made known to the dealer that his knowledge and skill are relied on to supply wholesome food, he is liable if it is not fit to be eaten; while, in case the buyer himself selects provisions, the dealer's implied warranty does not go beyond the implied assertion that he believes the food to be sound."

The court decided that the husband was entitled to damages, but the wife could not recover because "the only sale was that made to her husband through her as his agent," and "there was no contractual relation, and hence no warranty," between her and the defendant.

MALARIA.

A PUBLIC HEALTH AND ECONOMIC PROBLEM IN THE UNITED STATES.¹

By JOHN W. TRASK, Assistant Surgeon General, United States Public Health Service.

It is human nature to fear the unusual and the unknown. Few give due attention to the commonplace affairs with which they have become familiar. An exotic disease which threatens invasion or an occasional malady of which little is known will arouse a general

¹Read before the General Session, American Public Health Association, Cincinnati, Ohio, Oct. 27, 1916.

interest, while ailments which are widely prevalent and are thoroughly understood receive the most meager attention. Plague, leprosy, or typhus fever arouses to instant activity the press, the people, and the health authorities, while commoner diseases, though more destructive, receive far less consideration.

The purpose of health departments is to promote the welfare of the people by securing them against unnecessary exposure to disease. Their duty is to prevent the preventable conditions which produce disease. It would seem logical, then, to devote first attention to the conditions which our present knowledge shows to be surely preventable and, of these, primarily to the ones which offer the fewest obstacles to control. If of such disease-producing factors we have any which at the same time are affecting large numbers of people, they would seem to demand our first efforts. Malaria is a disease produced by such conditions.

To fear death and the diseases associated with death and to give less consideration to the ailments which are not directly mortal are common characteristics. Malaria is not commonly a direct cause of death and has aroused little of the interest usually associated with more obviously fatal morbid processes.

It is not commonly realized that each attack of disease does some injury to the human machine, leaves some organ weaker than it was before, and lessens the time during which the body can continue to resist the destructive agencies in its environment. The terminal illness is not usually the one which has been the deciding factor in determining the individual's length of life. It is frequently but the last inimical process to attack a weakened human organism, an organism exhausted and with diminished resistance as a result of previous diseases and morbid processes. Malaria is a potent factor in determining the average duration of life in areas where it is endemic. This influence is not only one directly affecting the individual, but it also has its effect on the offspring. A mother suffering from chronic malaria can not satisfactorily nurse her child. Nor will the child have had the same prenatal advantages as the offspring of a healthy parent. Then, too, a malarious father will not be so likely to furnish a suitable economic status for the family. Malaria is not alone a health problem. It is equally an economic problem which merits consideration aside from its relation to health.

Former Prevalence.

At one time malaria was endemic over a much greater area of the United States than it is to-day, and in many sections where it is still endemic its prevalence has greatly diminished. Fifty years ago the disease prevailed farther north than it does now. The endemic area

extended to the Great Lakes and into Canada. Ague was in this section the most common of ailments and quinine the most universal of household remedies. The early literature indicates that the disease was formerly more or less prevalent also in Iowa, Minnesota, the Dakotas, Utah, Colorado, Montana, and Wyoming.

The northern boundary of prevalence has gradually receded, leaving here and there more or less localized endemic foci. Why it has disappeared from large areas and clung to certain localities is largely a matter of conjecture, although a careful study of conditions would probably explain the apparently perplexing phenomenon. It would be of interest to explain satisfactorily why it has all but disappeared from Wisconsin and Michigan, two States at one time badly infected, and still persists in certain sections of New England. The underlying reasons for the recession of the northern boundary of endemicity are probably that, other things being equal, the conditions necessary to the perpetuation of the disease are found increasingly favorable as one approaches the equator and that the disease is disappearing first from the localities where the climatic conditions are the least favorable to it.

Malaria is also diminishing in many localities of the South. The reasons for this, given by Dr. Carter, for one locality and based upon personal observation, were: (1) The improved economic status of the farmer, which made possible better housing and a better environment generally. (2) The more extensive cultivation of the land, with the consequent better drainage and fewer collections of standing water in which the mosquitoes can breed, and the cleaning up of brush and other wild growth in which the mosquitoes find shelter. (3) The more general use of quinine, which has become a household remedy and is taken freely in all cases with chills or fever as well as for other symptoms of illness.

Present Prevalence and Geographic Distribution.

The impossibility of knowing the prevalence or virulence of a disease in the absence of the systematic reporting of cases or the making of intensive sickness surveys of the population is especially well illustrated in malaria. There are few diseases to which health departments have given so little attention. Seven years ago letters were sent by the United States Public Health Service to the health departments of the States in which malaria was supposed to be most prevalent, asking for information as to the distribution of the disease in the several States, but the information was not available. The same lack of information has been in large measure true of cities. Health departments as a rule do not come in contact with malaria, and to them the disease seldom projects itself as a problem. In a

population heavily infected with malaria a few cases of smallpox cause the taking of immediate measures for control, while malaria is entirely ignored, although usually of far greater import.

Nor is the opinion of the practicing physician as to the prevalence of the disease in a locality much more accurate than that of the health department, although he comes into direct contact with cases and might be expected to know existing conditions. Asst. Surg. Gen. H. R. Carter, in reporting on an investigation of a particularly malarious locality in the South, stated:

* * * At no place was I able to obtain any definite statistics as to the prevalence of malarial fever there, not even as to its comparative prevalence or its virulence. Each physician had an impression that it was "much" or "little," "less than" or "more than," or "about the same as" the last 5 or 10 years. It was "not very malignant" or "showed many bad cases" in the opinion of different men. I could not determine the number of cases, even approximately, in any community. * * *

Also in speaking of his observations of the prevalence of the disease in a section of North Carolina, a locality probably typical of the areas where the disease is most prevalent, Carter thus described the conditions:

In the absence of statistics, I can only say that there is much malaria in eastern North Carolina, mainly of a rather mild type, tertian, but there is some estivo-autumnal. There is some in every town I visited, generally in proportion inversely to its size, but varying, of course, with its environment. There is much more in the country and of severer type than in the towns. In days not long gone by there was a large amount of extremely severe malaria in this section, not less than there was in the Canal Zone, and there is from report not a little now, especially blackwater fever and malaria of the cerebral type, in some rural districts and villages. * * *

In most districts in the tidewater region but few people living in the country can attain the age of, say, 30 years without malarial attacks enough to acquire a high degree of immunity, like the natives on the Isthmus and other malarial localities. Those who did not attain a fair degree of immunity would probably not attain adult age. The prevalence of malaria, then, is most injurious to children, who are, of course, newcomers, during the time they should be getting their growth and education, and it gives them a permanent handicap in life.

The Public Health Service has for the last four years circularized the physicians of most of the Southern States to ascertain as definitely as this means would allow the prevalence of the disease. To determine its geographic distribution elsewhere circular letters of inquiry were sent recently to the health departments of all the other States and of cities of over 10,000 population. The records of the occurrence of malaria at Army posts were also consulted. The mortality records of the registration area for deaths were examined, but, of course, gave little information of value, for the reason that malaria may be prevalent without appearing in the records of deaths. This is illustrated by the fact that between 1904 and 1914 there were in the Army

in the continental United States, exclusive of Alaska, over 13,000 cases of malaria, while during this time there were only 2 deaths due to the disease. Between 1907 and 1914 there were over 7,000 cases without a death. Then, too, in civil life malaria frequently is given as a cause of death when the deceased was affected with some other condition and not malaria. This is true both in malarious localities and in localities where the disease does not exist. And as malaria appears comparatively infrequently in mortality records at most, it is impossible by this means to separate malarious from nonmalarious localities.

As to the geographic distribution of malaria in the United States at the present time, there are three principal well-recognized endemic areas, one large area and two smaller ones. The large endemic area covers the whole southeastern portion of the United States, having for its southern boundary the Gulf of Mexico; for its western boundary, a line drawn from Eagle Pass, on the Rio Grande, to Leavenworth, Kans.; for its eastern boundary the Atlantic seaboard; its northern boundary, a line drawn from Leavenworth, Kans., eastward some distance north of the Ohio River and extending to the Atlantic on a line with the northern boundary of Maryland. Of the two smaller endemic areas, one includes a section of the northern part of New Jersey, southeastern New York, Connecticut, Rhode Island, and part of the State of Massachusetts. The third recognized endemic area is in California, and includes the Sacramento and San Joaquin Valleys, which occupy a large portion of the central part of the State. It is probable that the New England endemic area actually extends southward to the large southern area of which it is in reality a part.

As indicated by reports received from State and city health departments and the records of Army posts, there are lesser endemic areas scattered here and there in many other States. (See map.)

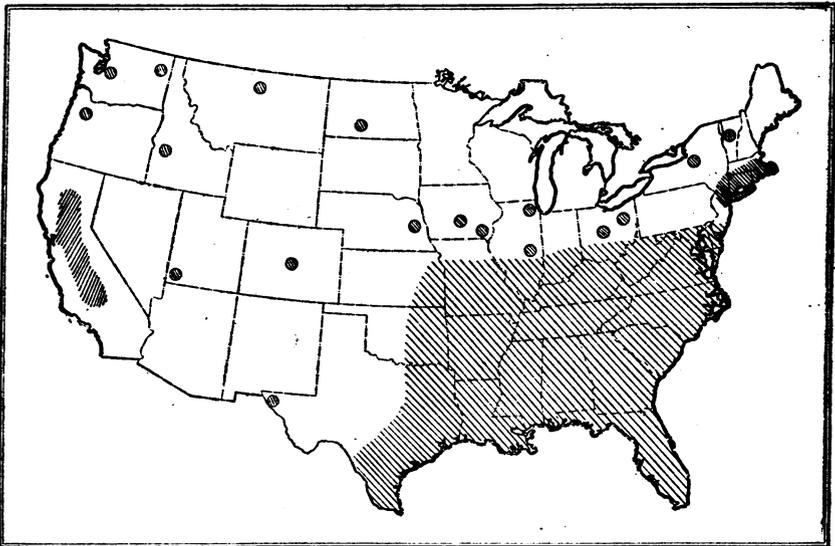
The records of the Army posts are not without interest. Fort Washington, Md., had for several years up to 1913 the highest malaria sick rate of any post in the United States. The admission rate varied from 736 per 1,000 mean strength in 1906 to 172 per 1,000 in 1912. In the annual report of the Surgeon General of the Army for the year 1911, in referring to the conditions at Fort Washington, it was stated that the malaria rate at this post was higher than that of any post in the Philippines garrisoned by white troops, except Camp Stotsenburg.

While the malaria rate in the Army has steadily declined during recent years, it is suggested that the causes are the improved conditions at the posts, better barracks, and greater attention to screening and drainage, also that the troops still suffer from the infection present in localities surrounding many of the posts.

In 1914 the highest malaria rate at any Army post in the United States was 73 per 1,000 mean strength at Washington Barracks in the District of Columbia. The second highest was at Fort Myer, Va., just outside of Washington, and the third highest at Leavenworth, Kans.

Economic Importance.

In localities where malaria is endemic large numbers of people are likely to become infected sooner or later. Many become infected year after year, and in some the disease becomes chronic. Infected individuals have their efficiency impaired as parents, as workmen, and as citizens. Infected workers lose more or less time because of the disease and are less satisfactory workmen. While it is true that



Endemic areas of malaria.—Shaded portions of map show endemic areas. Shaded circles represent localities in which cases of malaria occur and in which the disease is probably endemic.

in endemic localities adults frequently develop an immunity, this is done at the cost of infections endured during childhood and youth, when the effects are a serious handicap to proper physical development and education. A malarious population may therefore be expected to be physically and educationally subnormal according to the degree of prevalence of the disease.

The economic importance of the disease is well brought out by a report of von Ezdorf¹ on conditions at a mill town in an endemic area. According to the health officer of the town, who had been employed by the mills to render medical services to the employees and

¹ von Ezdorf, R. H., Demonstrations of Malaria Control, Public Health Reports, Mar. 10, 1916, pp. 614-629.

their families, 75 per cent of the people in the town had malaria during the summer of 1910, and its prevalence during 1911, 1912, and 1913 was as great. The population was constantly shifting, many families leaving on account of the prevalence of malaria, others coming in search of work. It was estimated that 50 per cent of the population were in a sense transients. Mills were operating short handed much of the time during these years. The medical services in attending the sick suffering from malarial fevers became arduous, so that during the four months of June, July, August, and September, 1913, visits on account of malaria alone averaged 50 per day. At times there were three, four, and even as many as seven members of a family suffering with malaria at the same time.

In October, 1913, a house-to-house canvass of four blocks was made, and of 500 persons, 233 reported having had chills and fever during the preceding five months. The blood of 400 persons was examined and the plasmodium found in 55, or over 13 per cent, approximately 1 in every 7 examined.

Measures were inaugurated to get rid of mosquito-breeding places and the use of quinine was encouraged. A year later the town was again visited and the blood of 780 persons examined. Of these only 35, or 4.5 per cent, showed infection. The health officer reported at this time that his visits among the mill employees for several months had averaged not over one a day, and that many of these were undoubtedly for old infections lasting over from previous years. The malaria rate had continuously decreased during the months when it was usually at its worst. The health officer of the town in his report for 1914 stated that while during the summer of 1913, prior to antimalarial work, the mills were constantly short of help on account of the large number of employees sick with malaria, during the summer of 1914 there had not been a day when the mills did not have sufficient help. The manager of one mill also stated that the improvement in the regularity and efficiency of the employees had been such that the amount (\$1,000) which the mill had contributed to the fund for antimosquito work was more than regained in one month's operation.

During the succeeding year very few cases of new infection were found, although a number of chronic infections persisted. In October, 1915, the examination of the blood of 968 persons showed only 3.5 per cent infected, while the blood of 30 persons living in surrounding uncontrolled territory showed 6 infections. At this time the manager of one of the mills-previously mentioned wrote:

I will frankly admit that I could not realize what a great change could be brought about by systematic work and with comparatively little expense. The money spent in antimalarial work here has paid the quickest and most enormous dividends I have ever seen from any investment, and after having had our ex-

perience I would, if necessary, do the work over again if I knew it would cost ten times the amount. * * * Our experience has taught us that the eradication of mosquitoes is not only the proper thing to do from a strictly health standpoint but it is an exceedingly profitable thing to do.

Conclusion.

In conclusion, the malaria situation in the United States may be summed up as follows:

(1) In the territory extending from the Gulf of Mexico to a line north of the Ohio River and from the Atlantic seaboard to and into the eastern part of Kansas, Oklahoma, and Texas, few, if any, localities are entirely free from malaria. In most of the lowlands it is very prevalent; in the mountains and better drained areas less prevalent.

(2) The disease is also endemic in southeastern New York and parts of Connecticut, Rhode Island, and Massachusetts, and in California in the Sacramento and San Joaquin Valleys.

(3) There is probably no State in the Union in which the disease is not present and in which it is not spread by mesquitoes grown locally.

(4) The disease constitutes one of the big national health problems. It is also an economic problem of importance.

(5) The actual geographic distribution of the disease and its relative prevalence can be definitely determined only by making painstaking malarial surveys or by requiring cases to be reported to the health authorities and the authenticity of the reports verified by blood examinations.

PREVALENCE OF DISEASE.

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

UNITED STATES.

ANTHRAX.

Massachusetts Report for November, 1916.

During the month of November, 1916, one case of anthrax was reported in Massachusetts.

CEREBROSPINAL MENINGITIS.

State Reports for November, 1916.

Place.	New cases reported.	Place.	New cases reported.
Massachusetts:		Massachusetts—Continued.	
Berkshire County—		Worcester County—Continued.	
Pittsfield.....	1	Worcester.....	1
Bristol County—		Total.....	9
Fall River.....	1	Wisconsin:	
Essex County—		Lincoln County.....	1
Lynn.....	2	Milwaukee County.....	4
Middlesex County—		Total.....	5
Lowell.....	2		
Worcester County—			
Fitchburg.....	1		
Holden Township.....	1		

City Reports for Week Ended Dec. 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Birmingham, Ala.....		1	New York, N. Y.....	4	3
Chicago, Ill.....	4	1	Philadelphia, Pa.....		1
Cleveland, Ohio.....	1		Pittsburgh, Pa.....	1	
Detroit, Mich.....	1	1	Portland, reg.....	1	
Dubique, Iowa.....	1	1	St. Louis, Mo.....		1
Milwaukee, Wis.....	1	1	Troy, N. Y.....		1
Newark, N. J.....	1				

DIPHThERIA.

See Diphtheria, measles, scarlet fever, and tuberculosis, p. 3461.

ERYSIPELAS.

City Reports for Week Ended Dec. 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....		1	Newark, N. J.....	5	2
Braddock, Pa.....	1		New York, N. Y.....		3
Bridgeport, Conn.....	1		Philadelphia, Pa.....	8	
Buffalo, N. Y.....	4		Pittsburgh, Pa.....	10	
Chicago, Ill.....	15	4	Rochester, N. Y.....	1	
Cincinnati, Ohio.....	2		Sacramento, Cal.....	2	
Cleveland, Ohio.....	2		St. Louis, Mo.....	9	
Detroit, Mich.....	2	3	St. Paul, Minn.....	1	
Jackson, Mich.....	1		San Francisco, Cal.....	8	1
Los Angeles, Cal.....	2	1	Stockton, Cal.....	1	
Madison, Wis.....		1	Syracuse, N. Y.....		1
Milwaukee, Wis.....	1		Topeka, Kans.....	1	
Mobile, Ala.....		1			

LEPROSY.

New Jersey—Newark.

The health officer of Newark, N. J., reported the occurrence of a case of leprosy at Newark in a Syrian, male, aged 21 years, who arrived at Newark from Springfield, Mass., December 2, 1916. The diagnosis was made December 7, 1916. The patient is an alien who came to the United States two and one-half years ago.

City Report for Week Ended Dec. 2, 1916.

During the week ended December 2, 1916, one case of leprosy was reported in New York, N. Y.

MALARIA.

State Reports for November, 1916.

Place.	New cases reported.	Place.	New cases reported.
Maryland:		Massachusetts:	
Anne Arundel County—		Berkshire County—	
Annapolis.....	1	Pittsfield.....	1
Somerset County—		Bristol County—	
Manokin.....	2	Fall River.....	21
Upper Fairmount.....	1	Suffolk County—	
Total.....	4	Boston.....	1
		Worcester County—	
		Worcester.....	1
		Total.....	24

City Reports for Week Ended Dec. 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Mobile, Ala.....		1	San Francisco, Cal.....	1	
New Orleans, La.....	7	2			

MEASLES.**Alaska—Ketchikan.**

Acting Asst. Surg. Story reported December 5, 1916, that 1 case of measles had been notified at Ketchikan, Alaska, and on December 16 that a total of 9 cases had been reported up to that date.

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 3461.

PELLAGRA.**Massachusetts Report for November, 1916,**

Place.	New cases reported.	Place.	New cases reported.
Massachusetts:		Massachusetts—Continued.	
Middlesex County—		Worcester County—	
Cambridge.....	1	Worcester.....	1
Tewksbury State Infirmary.....	1	Total.....	3

City Reports for Week Ended Dec. 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Birmingham, Ala.....		2	Nashville, Tenn.....	1	
Cambridge, Mass.....		1	Washington, D. C.....	1	
Charleston, S. C.....		1			

PLAGUE.**Hawaii—Plague-Infected Rat Found.**

Surgeon Trotter reported that on November 8, 1916, a plague-infected rat was found at the Amana stables, Paauilo, Hawaii.

Louisiana—Chalmette—Plague-Infected Rat Found.

Passed Asst. Surg. Simpson reported that a rat captured September 30, 1916, in an abandoned cotton warehouse at Chalmette, La., was proven positive for plague infection December 8, 1916.

PNEUMONIA.**City Reports for Week Ended Dec. 2, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Ann Arbor, Mich.....	3	1	Los Angeles, Cal.....	16	7
Bellingham, Wash.....	1	1	Newark, N. J.....	51	14
Binghamton, N. Y.....	6	4	New Castle, Pa.....	2	
Braddock, Pa.....	2	2	Oakland, Cal.....	1	5
Chicago, Ill.....	140	69	Pasadena, Cal.....	2	1
Cleveland, Ohio.....	20	12	Philadelphia, Pa.....	72	32
Detroit, Mich.....	6	9	Pittsburgh, Pa.....	37	35
Dubuque, Iowa.....	2	2	Reading, Pa.....	6	2
Erie, Pa.....	1		Rochester, N. Y.....	4	4
Grand Rapids, Mich.....	3	3	Sacramento, Cal.....	1	4
Jackson, Mich.....	3		Sandusky, Ohio.....	3	1
Kalamazoo, Mich.....	3	2	San Francisco, Cal.....	13	6
Kansas City, Mo.....	1	11	San Jose, Cal.....	1	
Lancaster, Pa.....	2		Schenectady, N. Y.....	3	
Lexington, Ky.....	1	2	Stockton, Cal.....	6	4
Lincoln, Nebr.....	1				

POLIOMYELITIS (INFANTILE PARALYSIS).

State Reports for November, 1916.

Place.	New cases reported.	Place.	New cases reported.
Maryland:		Massachusetts—Continued.	
Baltimore City.....	17	Hampshire County—	
Allegany County—		Enfield.....	1
Frostburg.....	1	Northampton.....	2
Midland.....	1	South Hadley.....	2
Anne Arundel County—		Westhampton.....	1
Annapolis.....	2	Middlesex County—	
Baltimore County—		Arlinton.....	3
Roland Park.....	1	Cambridge.....	10
Rockdale.....	1	Concord.....	1
Boring.....	1	Everett.....	2
Caroline County—		Malden.....	7
Goldsboro.....	2	Medford.....	1
Goldsboro, R. F. D.....	1	Melrose.....	1
Carroll County—		Natick.....	2
Snydersburg.....	1	Newton.....	3
Union Bridge, R. F. D.....	2	Somerville.....	9
Westminster.....	1	Wakefield.....	4
Dorchester County—		Waltham.....	4
Madison.....	1	Winchester.....	2
Cambridge.....	1	Norfolk County—	
Garrett County—		Braintree.....	1
Deer Park, R. F. D.....	2	Brookline.....	2
Vindex.....	1	Canton.....	1
Howard County—		Dedham.....	3
North Laurel.....	1	Franklin.....	1
Kent County—		Milton.....	2
Rock Hall.....	1	Quincy.....	7
Queen Annes County—		Walpole.....	1
Fords Store.....	1	Plymouth County—	
Talbot County—		Brockton.....	1
Hambledon.....	1	Middleborough.....	1
Oxford.....	1	Suffolk County—	
Manadier.....	1	Boston.....	41
Total.....	42	Chelsea.....	1
Massachusetts:		Revere.....	1
Berkshire County—		Worcester County—	
Adams.....	3	Fitchburg.....	1
Lee.....	1	Gardner.....	1
New Marlborough.....	1	Harvard.....	1
North Adams.....	1	Worcester.....	1
Bristol County—		Total.....	180
Taunton.....	1	Wisconsin:	
Essex County—		Chippewa County.....	1
Andover.....	1	Dunn County.....	1
Beverly.....	3	Green Lake County.....	1
Gloucester.....	2	Kenosha County.....	2
Lynn.....	7	Marathon County.....	2
Merrimac.....	1	Milwaukee County.....	2
Methuen.....	1	Polk County.....	1
Newburyport.....	1	Portage County.....	1
Salem.....	1	Richland County.....	4
Franklin County—		Sauk County.....	1
Greenfield.....	1	Trempealeau County.....	1
Hampden County—		Waushara County.....	1
Chicopee.....	3	Winnebago County.....	1
Holyoke.....	12	Total.....	19
Ludlow.....	1		
Monson.....	2		
Springfield.....	13		
West Springfield.....	2		

City Reports for Week Ended Dec. 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....	3		Medford, Mass.....	1	
Boston, Mass.....	2	2	Newark, N. J.....		1
Buffalo, N. Y.....	1		New York, N. Y.....	9	3
Cambridge, Mass.....	2	1	North Adams, Mass.....	1	
Chicopee, Mass.....	2		Philadelphia, Pa.....	3	
Cleveland, Ohio.....	1		Pittsburgh, Pa.....	1	1
Everett, Mass.....	1		Pittsfield, Mass.....	1	
Lancaster, Pa.....	1		Somerville, Mass.....	1	

RABIES IN MAN.

City Report for Week Ended Dec. 2, 1916.

During the week ended December 2, 1916, one fatal case of rabies in man was reported in New York, N. Y.

RABIES IN ANIMALS.

City Reports for Week Ended Dec. 2, 1916.

During the week ended December 2, 1916, four cases of rabies in animals were reported in Buffalo, N. Y., two cases in Detroit, Mich., one case in Niagara Falls, N. Y., and three cases in St. Paul, Minn.

SCARLET FEVER.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 3461.

SMALLPOX.

Connecticut—Waterbury.

Collaborating Epidemiologist Black reported that during the week ended December 16, 1916, 18 new cases of smallpox were notified at Waterbury, Conn.

Minnesota.

Collaborating Epidemiologist Bracken reported that during the week ended December 16, 1916, one new focus of smallpox infection was reported in Minnesota, one case of the disease having been notified in Gilford Township, Wabasha County.

State Reports for November, 1916.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Maryland:						
Washington County— Keop Tryst.....	1				1	
Massachusetts:						
Berkshire County— Lee Town.....	9		2	2	5	
Hampden County— Chicopee.....	1				1	
Total.....	10		2	2	6	

Miscellaneous State Reports.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Wisconsin (Nov. 1-30):			Wisconsin—Continued.		
Barron County.....	5		Sheboygan County.....	7	
Brown County.....	1		Trempealeau County.....	1	
Dane County.....	1		Winneshago County.....	1	
Dodge County.....	1		Total.....	18	
Milwaukee County.....	1				

SMALLPOX—Continued.

City Reports for Week Ended Dec. 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Braddock, Pa.	1	.....	Newark, N. J.	1	.....
Cleveland, Ohio.	7	.....	New Orleans, La.	5	.....
Detroit, Mich.	1	.....	Omaha, Nebr.	2	.....
El Paso, Tex.	4	.....	Pittsburgh, Pa.	3	.....
Grand Rapids, Mich.	1	.....	Portland, Oreg.	1	.....
Indianapolis, Ind.	4	.....	Rockford, Ill.	1	.....
Little Rock, Ark.	4	.....	Seattle, Wash.	1	.....
Minneapolis, Minn.	1	.....	South Bend, Ind.	1	.....
Muscatine, Iowa.	2	.....		

TETANUS.

City Reports for Week Ended Dec. 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Chicago, Ill.	2	.....	New Orleans, La.		1
Evansville, Ind.	1	1	New York, N. Y.		1

TUBERCULOSIS.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 3461.

TYPHOID FEVER.

State Reports for November, 1916.

Place.	New cases reported.	Place.	New cases reported.
Maryland:		Maryland—Continued.	
Baltimore City.	52	Caroline County—	
Allegany County—		Hillsboro.	1
Cumberland.	9	Goldsboro, R. F. D.	1
Narrows Park.	1	Williston, R. F. D.	1
Long.	1	Federalburg.	2
Luke.	1	Marydel, R. F. D.	1
Westernport.	1	Grove.	2
Lonaconing.	1	Carroll County—	
Anne Arundel County—		Westminster, R. F. D.	1
West River.	2	Middleburg.	1
Mount Zion.	1	Cecil County—	
Nutwell, R. F. D.	1	North East.	1
Cumberston.	1	Charlestown, R. F. D.	1
Annapolis.	1	Aikin.	1
Galloway.	1	Charles County—	
Baltimore County—		Pomfret, R. F. D.	1
Granite.	1	Rock Point.	2
Cockeysville.	1	Riverside, R. F. D.	1
Bayview.	2	Cross Roads.	1
Hamilton.	1	Dorchester County—	
Sparrows Point.	2	Cambridge.	5
Parkton, R. F. D.	1	Hurlock.	2
Highlandtown.	3	Vienna.	2
Dundalk.	1	Williamsburg.	2
Texas.	2	Finchville.	1
Pikesville.	1	Cambridge, R. F. D.	4
Rossville.	1	Bishops Head.	1
Catonsville.	1	Vienna, R. F. D.	1
Baldwin, R. F. D.	1	Frederick County—	
Arlington.	1	Brunswick.	1
Roland Park.	1	Frederick.	1
Rossville, R. F. D.	1	Ijamsville.	1
Calvert County—		Emmitsburg.	1
St. Leonard's, R. F. D.	4	Mountandale.	1
Island Creek.	1	Frederick Junction.	1
Huntingtown.	2		

TYPHOID FEVER—Continued.

State Reports for November, 1916—Continued.

Place.	New cases reported.	Place.	New cases reported.
Maryland—Continued.		Massachusetts—Continued.	
Garrett County—		Franklin County—	
Jennings.....	1	Greenfield.....	1
Harford County—		Montague.....	1
Havre de Grace.....	2	Orange.....	1
Bel Air, R. F. D.....	1	Rowe.....	2
Rocks.....	2	Hampden County—	
Kent County—		Holyoke.....	3
Rock Hall.....	1	Ludlow.....	1
Piney Neck.....	1	Springfield.....	6
Montgomery County—		Hampshire County—	
Bethesda.....	1	Hatfield.....	1
Colesville.....	1	Northampton.....	2
Bartonville.....	1	Middlesex County—	
Prince Georges County—		Cambridge.....	2
Camp Springs.....	2	Everett.....	4
Melwood.....	1	Lowell.....	5
Ritchie.....	1	Melrose.....	2
Laurel.....	1	Newton.....	2
Upper Marlboro.....	1	Reading.....	1
Lakeland.....	1	Somerville.....	2
Queen Annes County—		Tewksbury.....	1
Centerville.....	3	Waltham.....	4
Queenstown, R. F. D.....	1	Watertown.....	2
Sudlersville.....	1	Winchester.....	1
Somerset County—		Woburn.....	1
Marion.....	2	Norfolk County—	
Shelltown.....	6	Braintree.....	1
Manokin.....	1	Milton.....	1
Dames Quarter.....	1	Randolph.....	1
Crisfield, R. F. D.....	1	Plymouth County—	
Shelltown, R. F. D.....	4	Brockton.....	2
Princess Anne, R. F. D.....	1	Rockland.....	1
Harolds.....	1	West Bridgewater.....	1
Talbot County—		Whitman.....	1
Easton.....	1	Suffolk County—	
St. Michaels.....	1	Boston.....	14
Trappe, R. F. D.....	1	Chelsea.....	2
Oxford, R. F. D.....	1	Worcester County—	
Washington County—		Auburn.....	1
Hagerstown.....	4	Gardner.....	1
Mapleville.....	1	Leominster.....	1
Smithsburg, R. F. D.....	1	Lunenburg.....	1
Sandy Hook.....	2	Webster.....	1
Pectonville.....	1	Worcester.....	4
Wicomico County—		Total.....	116
Salisbury.....	6	Wisconsin:	
Worcester County—		Bayfield County.....	1
Ocean City.....	1	Calumet County.....	1
Total.....	203	Door County.....	7
Massachusetts:		Douglas County.....	5
Barnstable County—		Eau Claire County.....	1
Chatham.....	1	Iowa County.....	1
Berkshire County—		Kenosha County.....	2
Adams.....	1	Kewaunee County.....	1
Lee.....	1	Lincoln County.....	2
North Adams.....	2	Manitowoc County.....	1
Attleboro.....	1	Marathon County.....	2
Fall River.....	14	Marinette County.....	7
New Bedford.....	4	Milwaukee County.....	4
Taunton.....	1	Sheboygan County.....	8
Essex County—		Taylor County.....	1
Gloucester.....	1	Winnebago County.....	1
Lawrence.....	5	Wood County.....	1
Lynn.....	5	Total.....	46
Peabody.....	1		
Salem.....	1		

TYPHOID FEVER—Continued.

City Reports for Week Ended Dec. 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alameda, Cal.	1		Minneapolis, Minn.	4	
Ann Arbor, Mich.	1		Muscatine, Iowa.	1	
Atlantic City, N. J.	1		Nashville, Tenn.	2	
Baltimore, Md.	14	2	Newark, N. J.	1	
Bayonne, N. J.	1		New Castle, Pa.	1	
Birmingham, Ala.	2	1	New Orleans, La.	11	1
Boston, Mass.	2	1	New York, N. Y.	18	7
Buffalo, N. Y.	3		Norfolk, Va.	1	1
Butler, Pa.	1		Oakland, Cal.	2	
Camden, N. J.	1		Ogden, Utah.	1	1
Charleston, S. C.	1		Oklahoma, Okla.	3	
Chelsea, Mass.	1		Pasadena, Cal.	2	
Chicago, Ill.	8		Philadelphia, Pa.	7	1
Cincinnati, Ohio.	1		Pittsburgh, Pa.	4	2
Cleveland, Ohio.	1	1	Portland, Me.	1	1
Covington, Ky.	1		Portland, Oreg.	1	
Cumberland, Md.	2	1	Providence, R. I.	1	
Detroit, Mich.	3	1	Quincy, Ill.	1	
Duluth, Minn.	4		Reading, Pa.	2	1
East Chicago, Ind.	4		Richmond, Va.	3	
El Paso, Tex.		1	Roanoke, Va.	3	
Erie, Pa.	2		Rochester, N. Y.	1	1
Evansville, Ind.	2		Saginaw, Mich.	2	1
Fort Worth, Tex.	1		St. Louis, Mo.	22	
Grand Rapids, Mich.		2	St. Paul, Minn.	1	
Harrisburg, Pa.	1		Salt Lake City, Utah.	1	
Hartford, Conn.		1	Sandusky, Ohio.	1	1
Haverhill, Mass.	1		San Francisco, Cal.	2	
Indianapolis, Ind.	1		Saratoga Springs, N. Y.	3	
Johnstown, Pa.	1		South Bend, Ind.	2	1
Kalamazoo, Mich.	1		Springfield, Ill.	2	
Kansas City, Mo.	1	1	Springfield, Mass.	1	
Kearny, N. J.	1		Springfield, Ohio.	1	
Kenosha, Wis.	1		Steeltown, Pa.	2	
Lawrence, Mass.		1	Syracuse, N. Y.	4	2
Little Rock, Ark.	1		Tacoma, Wash.	1	
Los Angeles, Cal.	3		Toledo, Ohio.	2	1
Lowell, Mass.	1		Washington, D. C.	21	
Lynn, Mass.	2		Watertown, N. Y.	1	
Marinette, Wis.	1		Wilkes-Barre, Pa.	1	
Milwaukee, Wis.	1		Wilmington, Del.	1	

TYPHUS FEVER.

Texas—El Paso.

Acting Asst. Surg. Tappan reported that during the week ended December 9, 1916, two new cases of typhus fever were notified in El Paso, Tex.

City Report for Week Ended Dec. 2, 1916.

During the week ended December 2, 1916, one case of typhus fever was reported in El Paso, Tex.

PREVENTABLE DISEASES.

Massachusetts Report for Week Ended Dec. 9, 1916.

	Cases reported.		Cases reported.
Anthrax	1	Pellagra	1
Cerebrospinal meningitis	1	Poliomyelitis (infantile paralysis)	13
Chicken pox	178	Scarlet fever	136
Diphtheria	161	Smallpox	1
Dysentery	4	Trachoma	4
German measles	10	Tuberculosis (pulmonary)	162
Malaria	2	Tuberculosis (other forms)	11
Measles	234	Typhoid fever	23
Mumps	134	Whooping cough	36
Ophthalmia neonatorum	45		

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

State Reports for November, 1916.

During the month of November, 1916, 206 cases of diphtheria, 675 cases of measles, and 127 cases of scarlet fever were reported in Maryland; 612 cases of diphtheria, 714 cases of measles, and 390 cases of scarlet fever were reported in Massachusetts; and 258 cases of diphtheria, 167 cases of measles, and 445 cases of scarlet fever were reported in Wisconsin.

City Reports for Week Ended Dec. 2, 1916.

City.	Popula- tion as of July 1, 1915 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Over 500,000 inhabitants:										
Baltimore, Md.....	584,605	181	9	.....	2	.....	4	.....	21	27
Boston, Mass.....	745,139	232	39	3	16	.....	24	.....	47	17
Chicago, Ill.....	2,447,045	654	222	22	62	3	173	6	125	52
Cleveland, Ohio.....	656,975	181	42	4	47	.....	5	.....	30	14
Detroit, Mich.....	554,717	207	140	9	4	.....	62	4	27	21
New York, N. Y.....	5,468,190	1,372	189	20	55	.....	85	.....	368	176
Philadelphia, Pa.....	1,685,664	467	51	9	18	.....	34	1	83	62
Pittsburgh, Pa.....	571,984	202	29	2	60	.....	23	1	16	17
St. Louis, Mo.....	745,988	201	86	5	14	.....	37	.....	51	13
From 300,000 to 500,000 inhab- itants:										
Buffalo, N. Y.....	461,335	.....	13	.....	4	.....	14	.....	24	17
Cincinnati, Ohio.....	406,706	149	28	1	2	.....	11	1	20	16
Jersey City, N. J.....	300,133	73	12	1	1	.....	4	.....	23	8
Los Angeles, Cal.....	465,367	129	3	.....	11	.....	33	.....	42	18
Milwaukee, Wis.....	428,062	98	30	3	13	1	44	1	11	2
Minneapolis, Minn.....	353,460	.....	8	.....	4	.....	16	.....	.....	.....
Newark, N. J.....	399,000	.....	27	1	2	.....	4	.....	37	11
New Orleans, La.....	366,484	142	16	.....	280	.....	6	.....	24	16
San Francisco, Cal.....	1,416,912	175	41	1	25	.....	25	.....	.....	10
Seattle, Wash.....	330,834	77	9	.....	29	.....	16	.....	13	4
Washington, D. C.....	358,679	133	15	1	.....	.....	21	.....	24	14
From 200,000 to 300,000 inhab- itants:										
Columbus, Ohio.....	209,722	67	17	.....	20	1	6	.....	6	4
Indianapolis, Ind.....	265,578	.....	37	.....	4	.....	12	.....	20	.....
Kansas City, Mo.....	289,879	80	11	.....	3	.....	8	.....	7	8
Portland, Oreg.....	272,833	51	5	.....	22	.....	28	.....	7	3
Providence, R. I.....	250,025	61	13	.....	2	.....	11	.....	.....	5
Rochester, N. Y.....	250,747	.....	2	.....	.....	.....	12	.....	9	5
St. Paul, Minn.....	241,999	49	15	1	1	.....	11	.....	8	6
From 100,000 to 200,000 inhab- itants:										
Birmingham, Ala.....	174,108	54	1	.....	.....	.....	1	.....	3	4
Bridgeport, Conn.....	118,424	40	11	1	.....	1	2	.....	3	3
Cambridge, Mass.....	111,689	31	13	2	2	.....	3	.....	8	2
Camden, N. J.....	104,349	.....	5	.....	.....	.....	2	.....	2	.....
Fall River, Mass.....	126,904	34	.....	.....	57	.....	.....	.....	21	.....
Grand Rapids, Mich.....	125,750	44	7	1	.....	.....	9	.....	2	4
Hartford, Conn.....	108,969	44	2	2	2	.....	5	.....	2	.....
Lowell, Mass.....	112,124	.....	9	2	13	.....	4	.....	3	1
Lynn, Mass.....	100,316	22	5	1	.....	.....	2	.....	5	1
Nashville, Tenn.....	115,978	30	5	.....	139	1	3	.....	3	3
New Bedford, Mass.....	114,694	45	5	1	2	.....	.....	.....	3	3
New Haven, Conn.....	147,095	.....	9	2	2	.....	1	.....	5	.....
Oakland, Cal.....	190,803	.....	1	.....	.....	.....	14	.....	.....	2
Omaha, Nebr.....	135,455	62	5	2	.....	.....	12	.....	.....	6
Reading, Pa.....	105,094	35	5	.....	.....	.....	1	.....	1	2
Richmond, Va.....	154,674	54	4	.....	4	1	4	.....	1	5
Salt Lake City, Utah.....	113,567	18	2	.....	280	.....	16	.....	1	.....
Springfield, Mass.....	103,216	25	9	1	.....	.....	5	.....	1	2
Syracuse, N. Y.....	152,534	43	10	.....	3	.....	13	.....	2	1
Tacoma, Wash.....	108,094	.....	5	.....	103	.....	3	.....	.....	.....
Toledo, Ohio.....	187,840	54	6	1	1	.....	52	.....	15	3
Trenton, N. J.....	109,212	36	3	1	.....	.....	1	.....	7	2
Worcester, Mass.....	160,523	55	6	1	3	.....	18	.....	4	1

1 Population Apr. 15, 1910; no estimate made.

DIPHThERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Con.

City Reports for Week Ended Dec. 2, 1916—Continued.

City.	Popula- tion as of July 1, 1915 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 50,000 to 100,000 inhab- itants:										
Atlantic City, N. J.	55,806	5	1		1				1	
Bayonne, N. J.	67,582	1	1				1		1	
Berkeley, Cal.	54,879	5					1			1
Binghamton, N. Y.	53,082	30	14	2	1		3			
Brockton, Mass.	65,746	14	5	1					8	
Canton, Ohio	59,139		8				6		1	1
Charleston, S. C.	60,427	23	3				1		1	1
Covington, Ky.	56,520	5	4				1		1	1
Duluth, Minn.	91,913		2				3		2	
El Paso, Tex.	51,936	51	1		1					13
Erie, Pa.	73,798		5		5		2		8	
Evansville, Ind.	72,125	26	4	2			2		2	4
Fort Worth, Tex.	99,528	9	1				2			1
Harrisburg, Pa.	70,754	23	1				1			5
Hoboken, N. J.	76,104	12	2						4	
Johnstown, Pa.	68,585	19	1		2		2			
Kansas City, Kans.	96,854		8		1		2		4	1
Lancaster, Pa.	50,269								2	
Lawrence, Mass.	98,197	28	2		2		3		3	4
Little Rock, Ark.	55,158	20					2		1	
Malden, Mass.	50,067	7	1		15					
Manchester, N. H.	76,959	12	5						1	1
Mobile, Ala.	56,536	16							2	3
New Britain, Conn.	52,203	1							2	
Norfolk, Va.	88,076	4	3				1		2	3
Oklahoma, Okla.	88,153	15	1				2			2
Passaic, N. J.	69,010	19	2				1		2	2
Pawtucket, R. I.	58,156	17	5							
Portland, Me.	63,014	21	1		1		1			3
Rockford, Ill.	53,761	9	1				1		2	
Sacramento, Cal.	64,806	24	1	1			2		3	2
Saginaw, Mich.	54,815	30	2	1			13		1	1
San Diego, Cal.	51,115	33			1		1			6
Schneectady, N. Y.	95,265	16	6						2	
Somerville, Mass.	85,460	14	2				1		3	1
South Bend, Ind.	67,030	15					8			2
Springfield, Ill.	59,468	17	6	1	1		4			
Springfield, Ohio.	50,804	15			2		3		1	
Troy, N. Y.	77,738				2		4		2	2
Wilkes Barre, Pa.	75,218	18	7		8		3		2	
Wilmington, Del.	93,161	33	1				3			
From 25,000 to 50,000 inhabitants:										
Alameda, Cal.	27,031	4			1		3			
Auburn, N. Y.	36,947	8			1		3		5	1
Bellingham, Wash.	31,609	7			3					1
Brookline, Mass.	31,934	7	2							
Butler, Pa.	26,587	3					3			
Butte, Mont.	42,918	22	3		1		2		7	5
Chelsea, Mass.	32,452	14							1	
Chicago, Mass.	28,688	8	2				3		1	1
Cumberland, Md.	25,561	7					1		2	2
Dubuque, Iowa.	39,650				6		2		2	
East Chicago, Ind.	27,260						2		1	
East Orange, N. J.	41,155	7	2				2		1	1
Elgin, Ill.	27,844									
Everett, Mass.	38,307	5							1	1
Everett, Wash.	33,767	2	2				3		9	
Fitchburg, Mass.	41,144	17	4		3					
Galveston, Tex.	41,076	12	1							
Haverhill, Mass.	47,774	19	7		2		2		3	1
Jackson, Mich.	34,730	12	3	1	2		4		4	2
Kalamazoo, Mich.	47,364	19					3		4	3
Kenosha, Wis.	30,319	10	1				1			
La Crosse, Wis.	31,522	2	2	1						
Levington, Ky.	39,703	16	8				2		8	3
Lima, Ohio.	34,644	10	5	1	2					1
Lincoln, Nebr.	46,028	14	1				3			
Long Beach, Cal.	26,012	15	1				1		1	
Lorain, Ohio.	35,662						4			

¹ Population Apr. 15, 1910; no estimate made.

DIPHThERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Con.

City Reports for Week Ended Dec. 2, 1916—Continued.

City.	Popula- tion as of July 1, 1915 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 25,000 to 50,000 inhabitants—Continued.										
Lynchburg, Va.	32,385	4			16					
Madison, Wis.	30,084				2		5	1		
Medford, Mass.	25,737	10	2		3		1			2
Montclair, N. J.	25,550	2	4				1		1	
Nashua, N. H.	27,114				1		1			
Newburgh, N. Y.	29,313	9	1				1			
Newport, Ky.	31,722	9							1	1
Newton, Mass.	43,085	8	2						3	1
Niagara Falls, N. Y.	36,240	8	2		2		1		2	
Norristown, Pa.	30,833	13	2							1
Ogden, Utah.	30,466	4			22		7			1
Orange, N. J.	32,524	8	1				7		3	
Pasadena, Cal.	43,859	12	1				7			1
Perth Amboy, N. J.	39,725		4						1	
Pittsfield, Mass.	37,580	7					1		5	1
Portsmouth, Va.	38,610	6	5				4			
Quincy, Ill.	36,764	8	1							1
Quincy, Mass.	36,251	3								
Racine, Wis.	45,507	8	1				2		1	
Roanoke, Va.	41,929	16	4						1	2
San Jose, Cal.	37,994		2		1		3			
Stuebenville, Ohio.	26,631	7	1							
Stockton, Cal.	34,508	13	11		5					
Superior, Wis.	45,285	10			2		1			1
Taunton, Mass.	35,957	17					1		1	2
Topeka, Kans.	47,914	15	1		13					
Waltham, Mass.	30,129	4					1			1
Watertown, N. Y.	29,384	5	1							
West Hoboken, N. J.	41,893	6	1						3	
Wheeling, W. Va.	43,097	13	5	1			1			
Williamsport, Pa.	33,495		9				3			
Zanesville, Ohio.	30,406	11					1			
From 10,000 to 25,000 inhabitants:										
Ann Arbor, Mich.	14,979	8							7	
Beaver Falls, Pa.	13,316			3						
Braddock, Pa.	21,310		6							
Cairo, Ill.	15,593	6			1					
Clinton, Mass.	13,075	2			1					1
Concord, N. H.	22,480	10	1				1			
Galesburg, Ill.	23,923	9			1					
Kearny, N. J.	22,753	7	1						2	
Kokoma, Ind.	20,312	10	4	1	23		1		1	2
Long Branch, N. J.	15,057	3								
Marinette, Wis.	14,610		1	1						1
Morristown, N. J.	13,158	5	1				2			
Muscatine, Iowa	17,287									1
Nanticoke, Pa.	22,441	4								
Newburyport, Mass.	15,195	5					1			
New London, Conn.	20,771	8		3						
North Adams, Mass.	22,019	6					1		2	1
Northampton, Mass.	19,846	10			1				1	
Plainfield, N. J.	23,280	5					3			
Rutland, Vt.	14,624	2			14	1	1			
Sandusky, Ohio.	20,160				25				1	
Saratoga Springs, N. Y.	12,842	6	1				2			1
Steeltown, Pa.	15,337	3								
Wilkinsburg, Pa.	22,361	12	1				1			
Woburn, Mass.	15,862	6		1						2

¹ Population Apr. 15, 1910; no estimate made.

FOREIGN.

CUBA.

Communicable Diseases—Habana.

Communicable diseases have been notified at Habana as follows:

Disease.	Nov. 21-30, 1916.		Remaining under treatment Nov. 30, 1916.
	New cases.	Deaths.	
Diphtheria	11	.....	6
Leprosy .....	.....	.....	250
Malaria	39	1	41
Measles	11	.....	7
Paratyphoid fever .....	.....	.....	3
Scarlet fever	4	.....	4
Typhoid fever	11	1	42
Varicella .....	.....	.....	1

Correction—Smallpox—Cienfuegos.

The report of two cases of smallpox at Cienfuegos, Cuba, in the Public Health Reports of October 27, 1916, page 3008, was erroneous. The health officer at Cienfuegos states that the disease should have been reported as measles.

Examination of Rats—Habana.

During the period from July 1 to September 28, 1916, 5,640 rats were examined at Habana. No plague infection was found.

GREAT BRITAIN.

Examination of Rats—Hull.

During the week ended November 25, 1916, 18 rats were examined at Hull. Of these, 12 rats were from dock warehouses and stables and 6 from the steamship *Baron Ardrossan* from Bombay. No plague infection was found.

ITALY.

Plague on Vessel—Catania.

The steamship *Sigmaringen* from Karachi, India, arrived at Catania, Italy, November 6, 1916, with the body of a member of the crew dead 36 hours previous to arrival. The cause of death was bacteriologically verified on arrival as plague. The health of the crew was reported good November 18, 1916.

The *Sigmaringen* left Karachi October 9, 1916, arriving at Suez October 21, 1916.

MEXICO.**Fumigation of Vessels—Progreso.**

According to information dated December 6, 1916, the Mexican health authorities have ordered the fumigation of vessels leaving Progreso for Vera Cruz providing that such vessels have been to pier or have anchored so close to the shore as to be liable to be contaminated with mosquitoes.

PHILIPPINE ISLANDS.**Examination of Rats—Manila.**

During the period from January 1 to September 30, 1916, 25,666 rats were examined at Manila. No plague infection was found.

UNION OF SOUTH AFRICA.**Further Relative to Plague—Cape of Good Hope.¹**

Corrected reports of the outbreak of plague in Uitenhage district, State of Cape of Good Hope, show that 11 cases with 4 deaths were notified on October 23, 1916, with a total to October 30, 1916, of 20 cases with 14 deaths. The outbreak has been confined to Balmoral, with the exception of one case which occurred at the village of Loerie. Both localities are in the vicinity of Port Elizabeth.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.**Reports Received During the Week Ended Dec. 22, 1916.²****CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
Japan:				
Osaka.....				Aug. 13–Nov. 5, 1916: Cases, 939;
Yokohama, city.....	Oct. 23–Nov. 5.....	8	11	deaths, 551.
Yokohama, district.....	do.....	4	4	
Philippine Islands:				
Manila.....	Oct. 22–28.....	3	4	Not previously reported: Cases 2.
Provinces.....				Oct. 22–28, 1916: Cases, 423;
Albay.....	Oct. 22–28.....	45	25	deaths, 253.
Bataan.....	do.....	22	16	
Batangas.....	do.....	6	5	
Bulacan.....	do.....	3	3	
Camarines.....	do.....	23	14	
Capiz.....	do.....	16	11	
Cavite.....	do.....	29	17	
Iloilo.....	do.....	95	55	
Leyte.....	do.....	10	5	
Misamis.....	do.....	10	7	
Negros Occidental.....	do.....	122	77	
Pangasinan.....	do.....	1	1	
Rizal.....	do.....	15	10	
Sorsogon.....	do.....	22	9	
Zambales.....	do.....	4	3	
Turkey in Asia:				
Tarsus.....	Oct. 1–7.....			Present.
Trebizond.....	Oct. 29–Nov. 4.....	1		

¹ Public Health Reports, Dec. 8, 1916, p. 3373, and Dec. 15, 1916, p. 3420.

² From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received During the Week Ended Dec. 22, 1916—Continued.
PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Amoy.....	Oct. 22-23.....			Vicinity; present.
India:				
Bassein.....	Oct. 15-21.....		1	
Henzada.....	do.....		2	
Prome.....	do.....		9	
Toungoo.....	do.....		3	
Union of South Africa:				
Cape of Good Hope, State— Uitenhage district.....	Oct. 23-30.....	20	14	At Balmoral, 19 cases; at Loerrie, 1 case. Vicinity of Port Elizabeth.
At sea.....		1	1	On s. s. Sigmaringen, from Karachi for Italian port, Oct. 9, 1916, via Suez. Body disembarked at Catania, Italy.

SMALLPOX.

Austria-Hungary:				
Hungary— Budapest.....	Oct. 8-23.....	17	1	
Brazil:				
Rio de Janeiro.....	Oct. 22-Nov. 4....	24	6	
China:				
Amoy.....	Oct. 22-23.....			Present in vicinity.
Chungking.....	do.....			Present.
Mexico:				
Nuevo Laredo.....	Nov. 30-Dec. 6....	2	1	Cases present Dec. 6, 3.
Russia:				
Moscow.....	Sept. 3-Oct. 21....	36	8	
Spain:				
Cadiz.....	Oct. 1-31.....		1	
Valencia.....	Nov. 5-11.....	2		

TYPHUS FEVER.

Austria-Hungary:				
Austria— Vienna.....	Oct. 15-Nov. 4....	11		
Hungary— Budapest.....	Oct. 15-28.....	4		
Egypt:				
Alexandria.....	Oct. 15-21.....	5		
Germany:				
Berlin.....	Oct. 22-Nov. 4....		4	
Frankfort.....	Nov. 5-11.....		1	
Königsberg.....	Oct. 29-Nov. 11....	7	5	
Greece:				
Saloniki.....	Oct. 3-9.....		9	
Mexico:				
Nuevo Laredo.....	Nov. 30-Dec. 6....	9		10 cases present Dec. 6. From July 1, 1916, 19 cases.
Russia:				
Moscow.....	Sept. 3-Oct. 21....	60	7	

Reports Received from July 1 to Dec. 15, 1916.
CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary.....				Mar. 12-May 6, 1916: Cases, 425; deaths, 155.
Austria.....	Mar. 26-Apr. 8....	2		
Do.....	July 9-15.....	1		
Bosnia-Herzegovina.....	Mar. 12-May 20....	398	147	
Do.....	July 1-Aug. 15....	33	7	
Croatia-Slavonia.....	Sept. 4-11.....	4	2	
Hungary.....	Mar. 20-Apr. 2....	2		
Do.....	July 9-15.....	1		

**CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW
FEVER—Continued.**

Reports Received from July 1 to Dec. 15, 1916—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Ceylon:				
Colombo.....	June 25-July 1....	1	1	May 7-20, 1916: Cases, 43; deaths, 5, from s. s. Hong Kheng from Haifong; total to June 1: Cases, 61; deaths, 37; May 28-June 10, 1916: Cases, 19, from the port.
China:				
Canton.....	Aug. 11-31.....		13	On s. s. Taihei Maru from Hongkong and Chefoo.
Do.....	Sept. 11-20.....		2	
Dairen.....	Aug. 6-12.....	1		Present. Chinese.
Hongkong.....	Aug. 19-Sept. 2....	9	9	
Macao.....	Aug. 17.....			Present. Chinese.
Shanghai.....	Aug. 20-26.....		2	
Egypt:				
Suez.....	May 18-20.....	5	2	From s. s. Pei-ho from Bombay. Do.
Tor, quarantine station.....	May 22-June 3.....	112	42	
Germany:				
Hanover.....	Aug. 28-Sept. 2....		1	
Greece:				
Moschopolis.....	July 25-31.....	15	8	
India:				
Akyab.....	June 11-July 8.....		2	
Bassein.....	Apr. 23-Sept. 30....		4	
Bombay.....	May 14-July 1.....	21	9	
Do.....	July 2-Oct. 28.....	163	116	
Calcutta.....	May 7-July 1.....		259	
Do.....	July 2-Sept. 23....		106	
Henzada.....	Apr. 23-July 22....		7	
Karachi.....	Aug. 28-Oct. 21....	213	195	
Madras.....	June 25-July 1.....	1	1	
Do.....	July 2-22.....	5	3	
Madura District.....	Aug. 28-Sept. 9....	6	2	
Mandalay.....	July 23-29.....		1	
Pakokku.....	July 2-8.....		1	
Pegu.....	June 4-10.....		1	
Prome.....	Sept. 24-Oct. 7....		6	
Rangoon.....	May 24-July 29....	13	9	
Do.....	July 1-Sept. 30....	3	2	
Toungoo.....	Sept. 24-Oct. 7....		7	
Indo-China:				Dec. 1-31, 1915: Cases, 510; deaths, 395. Jan. 1-Mar. 31, 1916: Cases, 2,018; deaths, 1,100.
Provinces—				
Anam.....	Dec. 1-31.....	493	388	
Do.....	Jan. 1-Mar. 31....	1,753	1,024	
Cambodia.....	Jan. 1-Feb. 29....	11	10	
Cochin-China.....	Jan. 1-Mar. 31....	10	4	
Tonkin.....	Dec. 1-31.....	17	7	
Do.....	Jan. 1-Mar. 31....	244	62	
Saigon.....	May 1-July 2.....	162	74	
Do.....	July 3-Sept. 2....	69	45	
Japan:				
Keelung.....	Sept. 24-Oct. 7....			Present.
Kobe.....	Aug. 30-Nov. 5....	412	170	Since Aug. 14, 1916: Cases, 433; deaths, 183.
Nagasaki.....	Aug. 8-Oct. 22....	330	164	
Osaka.....	Aug. 30-Sept. 30....	779	246	Aug. 13-Oct. 25, 1916: Cases, 928; deaths, 543.
Taiwan Island.....	Sept. 24-Oct. 7....	15	1	55 cases, with 9 deaths in quarantine, from s. s. Hawaii Maru from Hongkong via ports.
Yokohama.....	Aug. 15.....	6	5	
Do.....	Sept. 4-Oct. 22....	68	45	Total to Oct. 1, 1916: Cases, 63; deaths, 46.
Suburbs of city.....	Aug. 14-20.....	8	4	
Districts.....	Sept. 4-Oct. 22....	86	56	Total to Oct. 1, 1916: Cases, 123; deaths, 85.
Java:				East Java, Apr. 8-June 30, 1916: Cases, 50; deaths, 35. July 1-Sept. 8: Cases, 28; deaths, 11.
Batavia.....	Apr. 13-June 29....		89	Mid Java, June 3-30, 1916: Cases, 30; deaths, 26. July 1-Aug. 25: Cases, 92; deaths, 75.
Do.....	July 7-Sept. 28....	59	36	West Java, Apr. 3-June 29, 1916: Cases, 661; deaths, 409.
Malang.....	Apr. 8-14.....	2	2	July 7-Sept. 21: Cases, 645; deaths, 448.
Malang and Djombang.....	Apr. 28-May 5.....	2	2	
Surabaya residency.....	May 6-19.....	5	2	Including Malang, 2 cases, and Sidoarjo and Malang, 3 cases, with 2 deaths.

**CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW
FEVER—Continued.**

Reports Received from July 1 to Dec. 15, 1916—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Korea				Sept. 23, 1916: In southern and central Korea, 108 cases. Aug. 1-Oct. 8: Cases, 893.
Chemulpo.....	Sept. 18.....	2		
Fusan.....	Aug. 1-Sept. 2.....	2	1	
Persia:				
Asterabad.....	June 10.....			Present, with 4 or 5 deaths daily.
Enzeli.....	July 1-Aug. 31.....	7	5	Oct. 14: Present.
Foumen.....	May 9.....	3	2	Previously erroneously included in cases at Recht.
Ghazien.....	June 13.....	2	1	
Kazvin.....	July 1-Sept. 30.....	28	34	
Keredge.....	Sept. 1-30.....	4	4	
Mohammerah.....	June 12.....			Present.
Recht.....	July 1-Oct. 14.....	20	12	
Tabriz.....	Aug. 1-31.....		12	
Teheran.....	Aug. 1-Oct. 18.....	42	25	Including suburbs and military camp.
Urumiah.....	July 1-31.....	25		
Philippine Islands:				
Manila.....	May 14-July 1.....	36	25	
Do.....	Aug. 6-Oct. 21.....	646	349	Not previously reported: Cases, 111; deaths, 12.
Provinces—				
Albay.....	July 2-Oct. 21.....	519	272	
Antique.....	Sept. 17-30.....	5	4	
Bataan.....	July 2-Oct. 21.....	141	107	
Batangas.....	July 30-Oct. 21.....	88	64	
Bulacan.....	June 18-July 1.....	17	4	
Do.....	July 2-Oct. 21.....	922	511	
Cagayan.....	June 25-July 1.....	2	1	
Do.....	July 2-8.....	2		
Camarines.....	June 18-July 1.....	69	32	
Do.....	July 2-Oct. 21.....	1,056	660	
Capiz.....	Oct. 1-21.....	15	10	
Cavite.....	June 11-July 1.....	14	11	
Do.....	July 2-Oct. 21.....	89	66	
Cebu.....	Oct. 8-14.....	3	3	
Iloilo.....	Aug. 20-Oct. 21.....	2,676	1,084	
Laguna.....	May 21-July 1.....	31	20	
Do.....	July 2-Oct. 21.....	167	143	
Lanao.....	May 28-June 3.....	110	83	
Mindanao.....	July 16-Aug. 5.....	19	11	
Mindoro.....	May 21-27.....	7	7	
Do.....	Sept. 3-Oct. 21.....	14	4	
Misamis.....	July 16-Sept. 16.....	218	119	
Negros Occidental.....	Sept. 3-Oct. 21.....	554	348	
Nueva Ecija.....	Sept. 10-23.....	3	2	
Pampanga.....	July 9-Oct. 21.....	192	166	
Rizal.....	May 24-July 1.....	11	9	
Do.....	July 2-Oct. 21.....	525	299	
Romblon.....	June 19-July 1.....	68	39	
Do.....	July 9-Sept. 30.....	24	20	
Samar.....	Aug. 28-Oct. 7.....	45	37	
Sorsogon.....	Oct. 8-21.....	9	4	
Tayabas.....	June 10-24.....	11	8	
Do.....	Aug. 6-Oct. 7.....	3	2	
Zambales.....	Aug. 20-Oct. 21.....	100	32	
Siam:				
Bangkok.....	May 15-27.....	22	21	
Do.....	June 16-Aug. 12.....	5	5	
Straits Settlements:				
Singapore.....	May 27-June 24.....	8	3	
Do.....	Aug. 13-19.....	1	1	
Turkey in Europe:				
Constantinople.....	May 19-Sept. 13.....	166	80	Present among soldiers June 14.
Turkey in Asia:				July-Sept. 15, 1916: Cases, 1,210; deaths, 1,178. Total, June 1-Sept. 15, 1916: Cases, 9,155; deaths, 4,737.
Adana.....	June 16-Sept. 10.....	145	74	
Aleppo.....	June 15-25.....	47	16	
Do.....	July 13-Sept. 3.....	30	11	
Bagdad.....	June 15-July 5.....	78	18	
Do.....	July 12-Sept. 12.....	22	6	
Beirut.....	July 14-Aug. 4.....	47	25	
Damascus.....	June 16-July 3.....	77	50	
Jaffa.....	June 17-25.....	67	39	
Do.....	July 1-29.....	151	63	
Mersina.....	Aug. 6-Sept. 9.....	7	2	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to Dec. 15, 1916—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Turkey in Asia—Continued.				
Smyrna.....	June 15-28.....	22	13	Epidemic. Estimated number cases daily, 50. Present.
Do.....	July 17-Aug. 5....	5		
Tarsus.....	Oct. 8-14.....			
Trebizond.....	Aug. 6-Oct. 21....	63	17	
At sea:				
Steamship Hong-Kieng....	Apr. 27-May 9.....	17	14	En route from Haifong, Indo-China, to Colombo.
Steamship Fei-ho.....	Apr. 19-30.....	1	1	From Saigon, Indo-China, for Colombo.
Do.....	May 5-17.....	8	8	From Colombo for Suez.

PLAGUE.

Azores:					
Terceira, island.....	Nov. 24.....			Present.	
Brazil:					
Bahia.....	Oct. 15-28.....	2	2	Do. Present. Locality, inland town, 150 miles from Pernambuco city Railway communication.	
Pernambuco, State—	Jan. 1—Mar. 31.....				
Do.....	Sept. 15-30.....				
British East Africa:					
Nairobi.....	Oct. 8.....	4		Do. Present in vicinity.	
Uganda—					
Kampala.....	Oct. 12.....	3			
Ceylon:					
Colombo.....	Apr. 30-July 1....	49	46	Do. Present in vicinity.	
Do.....	July 2-Oct. 21....	77	67		
Chile:					
Mejillones.....	May 28-June 3....	1		Do. Present in vicinity.	
Antofagasta.....	June 4-July 22....	2			
China:					
Amoy.....	July 16-Oct. 21....			Present in vicinity.	
Canton.....	Aug. 1-10.....		3		
Hongkong.....	May 28-June 30....	7	7		
Do.....	July 23-Oct. 14....	8	6		
Ecuador:					
Ambato.....	May 1-31.....			Epidemic. Country district, vicinity of Bahia.	
Bahia.....	do.....				
Daule.....	June 1-30.....	4	2		
Guayaquil.....	May 1-June 30....	10	3		
Do.....	July 1-Aug. 31....	25	9		
Manta.....	May 1-31.....				
Santa Rosa.....	Aug. 1-31.....	1		Country district, vicinity of Manta.	
Egypt:					
Alexandria.....	May 26-Sept. 23....	48	23	Jan. 1-Oct. 5, 1916: Cases, 1,695; deaths, 824. Jan. 1-June 23, 1916: Cases, 1,634; deaths, 792. Imported.	
Cairo.....	July 10-Oct. 4....	2			
Port Said.....	May 7-June 28....	11	10		
Do.....	July 20-Aug. 3....	5	4		
Provinces—					
Assiout.....	May 27-June 29....	9	8		
Beni Souef.....	May 26-June 25....	34	15		
Do.....	July 1-10.....	2	1		
Fayoum.....	May 26-June 30....	112	45		
Do.....	July 1-Aug. 3....	9	2		
Galloubeh.....	June 7.....	1			
Girgeh.....	June 9-21.....	3	1		
Do.....	July 7-10.....	7	7		
Menoufieh.....	June 12-30.....	9	4		
Do.....	July 1-31.....	5	3		
Minieh.....	May 29-June 30....	37	14		
Do.....	July 3-10.....	5	2		
Great Britain:					
Bristol.....	Aug. 18-31.....	3		Do. Present in vicinity.	
Hull.....	Aug. 19-31.....	2	1		
Liverpool.....	Sept. 22-Oct. 6....	6	3		

**CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW
FEVER—Continued.**

Reports Received from July 1 to Dec. 15, 1916—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Greece:				
Island of Chios—				
Mitylene.....	Sept. 29.....			Present.
Piræus.....	Dec. 9.....	1		
Volo.....	Sept. 29.....			Slight epidemic. Epidemic declared extinct Nov. 1, 1916.
India:				
Bassein.....	Apr. 23-Sept. 23.....		256	
Bombay.....	May 14-July 1.....	290	264	
Do.....	July 2-Oct. 28.....	187	135	
Calcutta.....	May 7-July 1.....		14	
Do.....	Apr. 23-July 1.....		14	
Do.....	July 9-Aug. 5.....		5	
Karachi.....	May 14-July 1.....	72	61	
Do.....	July 2-Oct. 28.....	12	13	
Do.....	Sept. 24-Oct. 7.....	3	2	
Madras.....	May 14-June 24.....	139	94	
Do.....	July 9-Oct. 21.....	2,972	1,949	
Do.....	May 14-June 3.....		1	
Mandalay.....	Sept. 3-9.....		1	
Do.....	Apr. 23-June 10.....		37	
Moulmein.....	July 2-Sept. 23.....		79	
Do.....	Sept. 10-16.....		1	
Pakkoku.....	June 11-July 15.....		3	
Prome.....	Apr. 23-May 20.....		1	
Do.....	July 2-Sept. 23.....		88	
Rangoon.....	Apr. 23-July 1.....	467	440	
Do.....	July 2-Oct. 21.....	335	309	Apr. 16-22, 1916: Cases, 54; deaths, 52.
Toungoo.....	June 25-July 1.....		2	
Do.....	July 9-Sept. 23.....		24	
Indo-China:				
Provinces—				
Anam.....	Dec. 1-31.....	36	20	
Do.....	Jan. 1-Mar. 31.....	131	93	
Cambodia.....	Dec. 1-31.....	27	36	
Do.....	Jan. 1-Feb. 29.....	77	71	
Cochin-China.....	Dec. 1-31.....	4	1	
Do.....	Jan. 1-Mar. 31.....	82	27	
Tonkin.....	Dec. 1-31.....	23	23	
Saigon.....	May 15-July 2.....	55	30	
Do.....	July 24-Sept. 17.....	17	7	
Japan:				
Taiwan—				
Tamsui.....	July 15-Sept. 23.....	3	3	17 miles from capital city.
Yokkaichi.....	Oct. 19.....			Present.
Java:				
Residences—				
Kediri.....	Apr. 9-May 19.....	18	18	
Do.....	July 1-Aug. 25.....	18	18	
Madioen.....	.....do.....	6	6	
Paseroean.....	Apr. 9-June 30.....	13	12	
Do.....	July 1-Aug. 25.....	6	6	
Surabaya.....	Apr. 9-June 30.....	28	25	
Do.....	July 1-Aug. 25.....	44	40	
Surakarta.....	Apr. 9-June 30.....	15	24	
Do.....	Apr. 15-June 21.....	6	8	
Mauritius:				
Persia:				
Recht.....	May 2-19.....	20	14	
Siam:				
Bangkok.....	Apr. 30-July 1.....	66	59	
Do.....	July 2-Sept. 30.....	48	41	
Straits Settlements:				
Singapore.....	Apr. 30-July 1.....	5	1	
Do.....	July 2-Oct. 14.....	5	7	
Union of South Africa:				
Cape of Good Hope State—				
Balmoral.....	Oct. 19-25.....	14	4	Uitenhage district.
Orange Free State.....	Jan. 23-Mar. 26.....	36	23	

¹ Reports for weeks ended May 22 and 27, 1916, not received.

**CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW
FEVER—Continued.**

Reports Received from July 1 to Dec. 15, 1916—Continued.

SMALLPOX.

Place.	Date.	Cases.	Deaths.	Remarks.
Australia:				
New South Wales.....				Aug. 4-Sept. 28, 1916: Cases, 16.
Angledool.....	July 21-Aug. 3.....	1		
Burren Junction.....	Sept. 1-15.....	1		
Guildford.....	June 9-22.....	2		
Lake Macquarie.....	Aug. 4-17.....	2		
Narrabri.....	May 26-June 7.....	8		
Do.....	July 7-Aug. 31.....	26		
Swansea.....	Aug. 4-16.....	1		
Sydney.....	June 23-30.....	1		
Do.....	July 1-Aug. 3.....	4		
Tamworth.....	June 9-22.....	1		
Do.....	July 7-20.....	1		
Walgett.....	July 21-Sept. 28.....	11		
Austria-Hungary:				
Austria:				
Galicia, Province.....	Apr. 23-July 1.....	495		Feb. 13-July 1, 1916: Cases, 2,241; July 2-22, 1916: Cases, 175; Other Provinces, same period: Cases, 35.
Do.....	July 2-22.....	88		Other Provinces, same period: Cases, 87.
Prague.....	July 2-Sept. 9.....	6	2	
Vienna.....	May 27-July 1.....	4	1	
Do.....	July 9-Aug. 5.....	3		
Hungary:				
Budapest.....	May 21-July 1.....	38	15	
Do.....	July 2-Oct. 7.....	2	1	
Brazil:				
Bahia.....	July 2-Oct. 28.....	25	19	
Para.....	July 2-8.....		4	
Rio de Janeiro.....	Apr. 9-June 17.....	94	18	
Do.....	July 9-Oct. 21.....	168	34	
Santos.....	May 8-14.....		1	
British East Africa:				
Mombassa.....	Apr. 24-May 31.....	4	2	
Do.....	July 1-31.....		1	
Canada:				
Ontario—				
Fort William and Port Arthur.....	July 9-15.....	1		
Niagara Falls.....	July 2-8.....	1		
Toronto.....	June 25-July 29.....	3		
Ceylon:				
Colombo.....	May 7-June 3.....	4		
China:				
Amoy.....	Aug. 13-Sept. 30.....			Present in vicinity.
Antung.....	May 22-June 18.....	2	1	
Do.....	Oct. 30-Nov. 5.....	2		
Canton.....	Aug. 1-10.....		1	
Chunking.....	May 7-June 24.....			
Do.....	July 2-Oct. 21.....			Present.
Dairen.....	May 21-July 1.....	2	1	Do.
Do.....	July 16-Oct. 14.....	4	2	Dec. 4: Prevalent.
Fochow.....	May 7-27.....			Present.
Do.....	July 2-Oct. 21.....			Do.
Harbin.....	May 2-June 18.....	3	1	
Do.....	July 9-Oct. 22.....	6	2	
Hongkong.....	May 7-June 24.....	68	50	Mar. 19-25: Cases, 16; deaths, 13.
Do.....	July 28-Oct. 28.....	48	39	
Nanking.....	June 11-Aug. 19.....			Do.
Tientsin.....	May 14-July 1.....	45	11	
Do.....	July 2-Sept. 9.....	4	1	
Egypt:				
Alexandria.....	May 28-June 17.....	4	2	
Cairo.....	Jan. 22-June 10.....	206	74	
Port Said.....	Mar. 12-June 3.....	7	7	
France:				
Paris.....	May 14-July 1.....	9		
Do.....	July 2-8.....	1		
Germany:				
Breslau.....	May 21-27.....	1		
Hamburg.....	June 11-17.....	1		
Königsberg.....	July 2-Sept. 2.....	4		
Schleswig, district.....	Sept. 24-Oct. 14.....	4		Allenstein, 1; Meldorf, 1.
Great Britain:				
Cardiff.....	June 4-17.....	1	1	
London.....	do.....	1		
Southampton.....	July 31-Aug. 5.....	1		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to Dec. 15, 1916—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Greece:				
Athens.....	Apr. 1-June 13....	178	37	
Do.....	July 9-10.....			Present.
Hawaii:				
Honolulu.....	Nov. 23.....	1		From S. S. Shinyomaru from Yokohama.
India:				
Bassein.....	May 7-June 10.....		2	
Bombay.....	May 14-July 1.....	153	79	
Do.....	July 2-Oct. 21.....	63	40	
Calcutta.....	May 7-June 3.....		3	
Do.....	July 2-Aug. 5.....		2	
Karachi.....	Aug. 6-Sept. 2.....	5	4	
Madras.....	May 14-July 1.....	139	42	
Do.....	July 2-Oct. 21.....	127	60	
Rangoon.....	Apr. 23-July 1.....	260	135	
Do.....	July 2-Oct. 21.....	23	8	
Indo-China:				
Provinces—				Dec. 1-31, 1915: Cases, 74; deaths, 14. Jan. 1-Mar. 31, 1916: Cases, 399; deaths, 27.
Anam.....	Dec. 1-31.....	48		
Do.....	Jan. 1-Mar. 31.....	68	5	
Cambodia.....	Dec. 1-31.....	19	13	
Do.....	Jan. 1-Mar. 31.....	38	14	
Cochin-China.....	Dec. 1-31.....	1	1	
Do.....	Feb. 1-Mar. 31.....	23	2	
Tonkin.....	Dec. 1-31.....	6	6	
Do.....	Jan. 1-Mar. 31.....	270		
Saigon.....	July 24-Oct. 1.....	10	5	
Japan:				
Kobe.....	May 29-June 25....	24	4	
Do.....	July 24-Sept. 3....	11	2	
Nagasaki.....	June 26-July 2....	1	1	
Java:				
Batavia.....	Apr. 13-June 29....	31	9	East Java, Apr. 8-June 30, 1916: Cases, 88; deaths, 11. July 1-Sept. 15: Cases, 109; deaths, 5.
Do.....	July 1-Sept. 21....	7	5	
Samarang.....	May 13-19.....	2	2	Mid-Java, Apr. 1-June 30, 1916: Cases, 233; deaths, 47. July 1-Sept. 15: Cases, 189; deaths, 40.
Do.....	Aug. 26-Sept. 1....	4	1	West Java, Apr. 13-June 29: Cases, 278; deaths, 59. June 30-Sept. 28: Cases, 558; deaths, 57.
Surabaya.....	May 9-June 16....	2	1	
Malta.....	Apr. 1-30.....	7	1	
Mexico:				
Aguascalientes.....	June 12-July 2.....		33	
Do.....	July 3-Oct. 1.....		44	
Federal District.....	Oct. 15-21.....	8		
Frontera.....	May 28-June 10....	4	1	
Guadalajara.....	June 11-17.....	35	9	
Juarez.....	Nov. 26-Dec. 2....	2		Total cases in hospital, 5.
Laguna del Carmen.....	Oct. 10.....	30		
Mazatlan.....	May 31-June 6.....		4	
Mexico City.....	Aug. 23-Nov. 4....	87		
Tenosique.....	June 14.....			175 miles south of Frontera: Epidemic among troops.
Vear Cruz.....	June 4-July 2.....		9	
Do.....	July 3-Nov. 12....		5	
Netherlands:				
Amsterdam.....	May 28-June 3....	1		
Philippine Islands:				
Manila.....	do.....	1		
Do.....	July 1-8.....	3		
Porto Rico:				
Aguas Buenas.....	June 19-25.....	5		June 19-25, 1916: Cases, 33.
Arecibo.....	do.....	2		
Do.....	Aug. 7-13.....	1		
Bayamon.....	June 19-July 2....	2		
Naranjito.....	June 26-July 2....	4		
Rio Piedras.....	do.....	1		
San Juan.....	do.....	24		
Toa Alta.....	do.....	12		
Portugal:				
Lisbon.....	May 21-July 1....	15		
Do.....	July 9-Nov. 11....	17		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to Dec. 15, 1916—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Russia:				
Moscow	Apr. 30-July 1.....	222	59	
Do.....	July 2-Oct. 7.....	101	151	
Petrograd.....	Apr. 23-July 1.....	162	35	
Do.....	July 2-Oct. 7.....	88	23	
Riga.....	Apr. 6-May 31.....	1	1	
Do.....	July 1-22.....	2		Apr. 1-30, 1916: 1 case. June 1-30, 1916: 1 case.
Siam:				
Bangkok.....	May 24-30.....	2		
Spain:				
Cadiz.....	July 1-31.....		1	
Madrid.....	May 1-31.....		13	
Do.....	July 1-Oct. 31.....		108	June 1-30, 1916: Cases, 10.
Malaga.....	May 1-31.....		7	
Seville.....	May 1-June 30.....		5	
Do.....	Aug. 1-Sept. 30.....		19	
Valencia.....	May 21-July 1.....		4	
Do.....	July 8-Oct. 21.....	12		
Straits Settlements:				
Penang.....	May 14-20.....	3		
Do.....	Oct. 1-14.....	2	1	
Singapore.....	Apr. 30-July 1.....	5	3	
Do.....	July 16-Oct. 14.....	11	3	
Switzerland:				
Basel.....	May 13-July 1.....	29		
Do.....	July 2-Sept. 30.....	14		
Turkey in Asia:				
Trebizond.....	Sept. 17-23.....	1		
Union of South Africa:				
Durban.....	June 1-30.....	1		
Johannesburg.....	May 28-July 1.....	3		
Do.....	July 2-Sept. 9.....	15		
Venezuela:				
Maracaibo.....	Sept. 2-22.....		3	
Zanzibar:				
Zanzibar.....	May 12.....	1		From s. s. Dilmara.
At sea:				
Steamship Katuna.....				Case of smallpox landed at Colombo, Ceylon, May 12, 1916. Vessel arrived May 27 at Fremantle, Australia, was ordered to quarantine, and proceeded to Melbourne direct for disinfection.

TYPHUS FEVER.

Austria-Hungary:				
Austria.....				Feb. 13-July 1, 1916: Cases, 2,473. July 2-22, 1916: Cases, 513.
Galicia, province.....	Apr. 22-July 1.....	1,457		
Do.....	July 2-22.....	419		
Vienna.....	July 2-15.....	3		
Bosnia-Herzegovina.....	June 18-30.....	21		
Do.....	July 1-7.....	4		
Hungary.....				Feb. 21-Mar. 5, 1916: Cases, 35; deaths, 7.
Budapest.....	May 21-June 24.....	14	2	
Do.....	July 2-Sept. 16.....	7	1	
Belgium:				
Liege.....	Aug. 12-19.....		1	
Canada:				
New Brunswick—				
St. John.....	July 29.....	4		
Canary Islands:				
Santa Cruz de Tenerife.....	July 31-Aug. 5.....		1	
China:				
Antung.....	June 19-25.....	1	1	
Do.....	July 22-Sept. 10.....		4	
Harbin.....	May 2-8.....	1		
Do.....	July 3-16.....	1		
Tientsin.....	May 14-20.....		1	
Egypt:				
Alexandria.....	May 21-July 1.....	235	93	
Do.....	July 2-Nov. 4.....	181	78	
Cairo.....	Jan. 8-June 10.....	1,124	507	
Port Said.....	Mar. 18-June 10.....	52	26	

**CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW
FEVER—Continued.**
Reports Received from July 1 to Dec. 15, 1916—Continued.
TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Germany:				
Aix la Chapelle.....	July 2-Oct. 7.....		3	
Barmen.....	Aug. 13-19.....		1	
Berlin.....	June 18-24.....		1	
Do.....	July 16-Oct. 30.....		15	
Bremen.....	July 16-Oct. 14.....	15	3	
Breslau.....	Aug. 15-Oct. 30.....	4		
Chemnitz.....	May 28-June 3.....		1	
Frankfort, Government district.	Oct. 22-28.....	1		In prison camp.
Frankfort on the Main.....	June 11-17.....		1	
Do.....	Aug. 27-Sept. 2.....		1	
Hanover.....	May 7-27.....	4	1	
Do.....	July 1-Sept. 30.....	7	3	
Königsberg.....	June 4-10.....	1		
Do.....	July 9-Oct. 28.....	20	8	
Leipzig.....	June 4-10.....		1	
Stettin.....	July 16-Aug. 19.....		3	
Great Britain:				
Belfast.....	July 16-Sept. 9.....	12	4	
Dublin.....	Oct. 1-14.....	3		
Dundee.....	Oct. 8-14.....	1	1	
Glasgow.....	July 9-Oct. 21.....	10	7	
Liverpool.....	Oct. 29-Nov. 4.....	1	1	
Greece:				
Athens.....	July 24-Aug. 21.....		2	
Saloniki.....	May 1-July 2.....		61	
Do.....	July 3-Oct. 16.....		186	
Italy:				
Bari, province—				
Andria.....	May 1-July 31.....	49	14	
Palermo.....	June 29-July 5.....	1	1	
Jamaica:				
Port Antonio.....	Oct. 22-28.....	1	1	
Japan:				
Hakodate.....	July 16-22.....	2		
Tokyo.....	May 22-July 25.....	114		Jan. 1-July 25, 1916: Cases, 468.
Java:				
Batavia.....	Apr. 13-June 29.....	46	13	East Java, Apr. 8-June 30, 1916: Cases, 24; deaths, 9. July 22-
Do.....	July 7-Aug. 28.....	76	7	Aug. 25: Cases 4; deaths, 2.
Samarang.....	Apr. 1-June 30.....	20	8	Mid-Java, Apr. 1-June 30, 1916: Cases, 76; deaths, 18. July 1-
Surabaya.....	Apr. 8-May 12.....	6	6	Sept. 15: Cases, 66; deaths, 10.
Do.....	July 1-7.....	1		West Java, Apr. 13-June 29, 1916: Cases, 118; deaths, 18. July 7-Sept. 28: Cases, 108; deaths, 12.
Mexico:				
Aguascalientes.....	June 12-July 2.....		32	
Do.....	July 3-Oct. 1.....		181	
Chihuahua.....	Sept. 7.....	40		Sept. 20: Estimated number of cases, 100. Oct. 31: Epidemic. Present.
Durango.....	Sept. 1.....			
Federal District.....	Oct. 15-21.....	334		
Guadalajara.....	June 11-17.....	4	1	
Juarez.....	Sept. 7-Dec. 2.....	21		In hospital Dec. 2, 7 cases. Present.
Leon.....	Oct. 25.....			
Mexico City.....	Aug. 23-Nov. 4.....	2,380		
Nuevo Laredo.....	Oct. 23.....	1		In person from Guanajuato. Epidemic.
San Luis Potosi.....	Oct. 21.....			
Tampico.....	Oct. 11-30.....		1	
Torreón.....	Oct. 23.....			Present.
Vera Cruz.....	June 4-9.....		2	
Do.....	July 24-Oct. 15.....		9	
Zacatecas, State.....				Sept. 7-Oct. 25: Prevalent.
Netherlands:				
Rotterdam.....	July 30-Oct. 14.....		1	
Norway:				
Bergen.....	do.....		1	
Russia:				
Moscow.....	Apr. 30-July 1.....	909	52	
Do.....	July 9-Oct. 7.....	361	38	
Petrograd.....	Apr. 23-July 1.....	59	13	
Do.....	July 3-Oct. 7.....	51	8	
Riga.....				June 1-30, 1916: 1 case.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.

Reports Received from July 1 to Dec. 15, 1916—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Spain:				
Madrid.....	Aug. 1-Sept. 30....		2	
Sweden:				
Stockholm.....	June 21-27.....	1		
Do.....	July 9-Oct. 7.....	9		
Switzerland:				
Basel.....	July 24-Aug. 26....	8		
Geneva.....	May 21-27.....	1		
St. Gall.....	Oct. 15-21.....	1		
Zurich.....	July 23-Sept. 2....	5		
Turkey in Asia:				
Adana.....	May 13-June 25....			Present.
Do.....	July 2-8.....			Do.
Bagdad.....	June 27.....			Do.
Haifa.....	Apr. 24-June 11....	35	13	
Do.....	July 10-Sept. 17....	93	41	
Jaffa.....	Apr. 23-June 25....		47	Mar. 19-Apr. 1: Present.
Mersina.....	May 7-June 25....	9		Apr. 2-8: Cases, 3.
Do.....	July 2-8.....			Do.
Tarsus.....	May 13-27.....			Present.
Do.....	July 2-8.....			Do.
Trebizond.....	Aug. 6-Sept. 30....	3	3	

YELLOW FEVER.

Barbados.....	Sept. 17-Nov. 25..	13	7	
Ecuador:				
Babahoyo.....	June 1-30.....	2		
Guayaquil.....	May 1-June 30....	76	51	
Do.....	July 1-Aug. 31....	73	44	
Milagro.....	June 1-30.....	1	1	
Do.....	July 1-Aug. 31....	3	1	
Naranjito.....	Aug. 1-31.....	2	1	
Martinique:				
Fort de France.....	Oct. 22-28.....	1	1	
Mexico:				
Campeche.....	Sept. 15.....	1	1	
Merida.....	July 1-Oct. 28....	30	9	
Progreso.....	Aug. 13-Oct. 21....	2	1	
Tuxpan.....	Oct. 31.....			Present.

SANITARY LEGISLATION.

COURT DECISIONS.

MASSACHUSETTS SUPREME JUDICIAL COURT.

Unwholesome Meat—Implied Warranty in the Sale of Foodstuffs—Damages.

GEARING *v.* BERKSON *et al.* (two cases). (Mar. 2, 1916.)

Mrs. Gearing, acting as the agent of her husband, purchased from the defendants some pork chops. The chops were selected by one of the defendants, who sold them. They were eaten by Mrs. Gearing and her husband, and both were made ill. The findings of fact showed that the defendants had not been guilty of negligence. The court decided that under the laws of Massachusetts Mr. Gearing could recover damages for the breach of an implied warranty that the chops were sound and wholesome, but that the warranty did not extend to any person other than the purchaser. Consequently Mrs. Gearing could not recover.

[111 Northeastern Reporter, 785.]

DE COURCY, J.: The sales act (St. 1908, c. 237, Sec. 15) provides:

Subject to the provisions of this act and of any other statute in that behalf, there is no implied warranty or condition as to the quality or fitness for any particular purpose of goods supplied under a contract to sell or a sale, except as follows:

(1) Where the buyer expressly or by implication, makes known to the seller the particular purpose for which the goods are required, and it appears that the buyer relies on the seller's skill or judgment, * * * there is an implied warranty that the goods shall be reasonably fit for such purpose.

(3) If the buyer has examined the goods, there is no implied warranty as regards defects which such examination ought to have revealed.

Even before the enactment of this statute, it was recognized as the law in this Commonwealth, that where the buyer at a shop relies on the skill and judgment of the dealer in selecting food, and it is made known to the dealer that his knowledge and skill are relied on to supply wholesome food, he is liable if it is not fit to be eaten; while, in case the buyer himself selects provisions, the dealer's implied warranty does not go beyond the implied assertion that he believes the food to be sound. *Farrell v. Manhattan Market*, 198 Mass. 271, 84 N. E. 481, 15 L. R. A. (N. S.) 884, 126 Am. St. Rep. 436, 15 Ann. Cas. 1076.

The application of this rule of law to the facts as found by the trial judge is decisive in the action of Percy A. Gearing. His wife, acting as his agent, left to the defendant the selection of the meat, and paid for it at the current price for sound, wholesome pork chops. (See *Hunt v. Rhodes Bros. Co.*, 207 Mass. 30, 92 N. E. 1001.) The defendant Freshman undertook to make the selection so left to him. The meat was cooked, and was eaten by the plaintiff and his wife, and both were made sick "because of the unwholesome, unsound, poisonous or unfit quality or condition of said pork chops." The order of the appellate division in this action must be affirmed.

In the action of the wife, Katherine Gearing, the appellate division ordered judgment for the plaintiff on the first count of her declaration, and from this the defendants appealed. The count is apparently framed in contract, for breach of an implied warranty or condition of fitness for food. The declaration purports to be "in tort," presumably on the theory that an action of tort may be maintained upon a false

warranty. See *Farrell v. Manhattan Market Co.*, 198 Mass. 271, 274, 84 N. E. 481, 15 L. R. A. (N. S.) 884, 126 Am. St. Rep. 436, 15 Ann. Cas. 1076, and cases cited. The difficulty with the case on this ground is that there was no contractual relation, and hence no warranty, between Mrs. Gearing and the defendants. The only sale was that made to her husband through her as his agent; and a cause of action in contract accrued to him thereon, as above set forth. The implied warranty, or to speak more accurately the implied condition of the contract, to supply an article fit for the purpose required, is in the nature of a contract of personal indemnity with the original purchaser. It does not "run with the goods." Williston on Sales, Sec. 244. *Lebourdais v. Vitrified Wheel Co.*, 194 Mass. 341, 80 N. E. 482; *Roberts v. Anheuser-Busch Brewing Association*, 211 Mass. 449, 451, 98 N. E. 95.

Assuming that the question of Mrs. Gearing's right to recover in tort for negligence is before us, the findings of fact are conclusive against her. The sale apparently was one of "adulterated food" under R. L. c. 75, Secs. 16, 18, 24; and the violation of the statute by the defendants presumably was some evidence of negligence. *Berdos v. Tremont & Suffolk Mills*, 209 Mass. 496, 95 N. E. 876, Ann. Cas. 1912B, 797. But that is controlled by the finding of the judge, that no negligence in fact was shown on the part of the defendants. In the absence both of an implied warranty and of negligence on the part of the defendants, the action of Mrs. Gearing fails. *Roberts v. Anheuser-Busch Brewing Association*, *ubi supra*; *Crocker v. Baltimore Dairy Lunch Co.*, 214 Mass. 177, 100 N. E. 1078, Ann. Cas. 1914B, 884; *Gately v. Taylor*, 211 Mass. 60, 97 N. E. 619, 39 L. R. A. (N. S.) 472; *Wilson v. Ferguson Co.*, 214 Mass. 265, 101 N. E. 381.

* * * * * * *

In the case of Percy A. Gearing the order of judgment for the plaintiff must be affirmed; and in the case of Katherine Gearing the order of the appellate division must be reversed, and judgment entered for the defendants.

STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

IOWA.

Tuberculosis—Disinfection—Employment or Attendance of Affected Persons at Schools and in Certain Industries Prohibited. (Reg. Bd. of H., Aug. 29, 1916.)

All apartments and dwellings occupied by persons affected with tuberculosis (consumption) shall be deemed to be infected premises. It shall be the duty of the local boards of health upon the death of any person affected with tuberculosis to disinfect the premises occupied by such person in accordance with the rules prescribed by the State board of health relative to infectious diseases. Every dwelling, apartment, or furnished room occupied and vacated by a person affected with tuberculosis shall be closed until properly disinfected as directed and herein stated, and shall be treated the same as though a person had died, and it shall be unlawful for any person, either as owner or occupant, to rent or occupy any such premises without first obtaining from the health officer of the local board a certificate showing that said premises have been properly disinfected as herein provided.

All local boards of health and peace officers are hereby ordered to pay strict attention to the enforcement of all of the requirements as herein stipulated.

Persons affected with tuberculosis not to attend schools or engage in certain employments.—Whenever a principal or superintendent of any school or a county superintendent in any county, or any health officer in the State of Iowa, shall have reason to believe that any superintendent, principal, teacher, pupil, or employee in any school, public or private, in this State, is affected with tuberculosis, he shall so inform the health officer, whose duty it shall be to procure or cause to be procured by the family physician a sample of the sputum or other discharges of such supposed infected person, and forward the same to the laboratory of the State board of health at Iowa City for examination. Should such examination reveal the presence of tubercle bacilli, such superintendent, principal, teacher, pupil, or employee shall be excluded from the schools until such time as laboratory examination subsequently made shall fail to reveal the presence of tubercle bacilli. All laboratory examinations made under this regulation shall be free of expense to the patient.

The employment of any tuberculous person in or about any confectionery, bakery, dairy, meat market, hotel, restaurant, railway train, or dining car, theater, library, church, department store, or other place where numbers of persons habitually congregate, is prohibited by the State board of health.

Milk and Milk Products—Sale Prohibited from Premises where Communicable Diseases Exist. (Reg. Bd. of H., Aug. 29, 1916.)

When Asiatic cholera (cholera), acute poliomyelitis (infantile paralysis), bubonic plague, diphtheria (including membranous croup), epidemic cerebrospinal meningitis, leprosy, measles (including German measles), scarlet fever (including scarlet rash and scarlatina), smallpox, tuberculosis (including consumption), typhoid fever, or typhus fever exists in any house or dwelling occupied by a dealer or seller of milk or other dairy products, he shall discontinue to give, sell, or distribute such products to

any person, or to creameries or butter factories, and such milk or dairy products shall not be removed from the infected or quarantined premises until a written permit is granted therefor by the mayor or township clerk, and countersigned by the health officer. No person who attends cows, or does the milking, or who has care of milk vessels, or who manufactures or handles butter or other dairy products, or has for sale or distribution butter, milk, or other dairy products shall be permitted to enter any premises wherein exists any of the diseases named herein, nor shall he come in contact either directly or indirectly with any person who resides in, or upon, or is an occupant of such infected or quarantined place or premises.

Spitting—Prohibited in Public Places—Cleaning of Spittoons. (Reg. Bd. of H., Aug. 29, 1916.)

Prevention of tuberculosis.—The sputum expectorated by persons affected with tuberculosis (consumption) is infectious, and therefore a serious menace to the public health. In order to prevent dissemination of this disease it is hereby ordered by the State board of health of Iowa that spitting upon the public sidewalks, or upon the floors or stairs of any public building or other premises where the public congregate, or upon the floors or steps of any street or railway car, or other public conveyance is hereby prohibited and forbidden.

The custodian of every public building and the manager of every street or railway car operating in this State shall cause all cuspidors used therein to be cleansed and disinfected by steam or other approved disinfectant, at least once each day, and shall keep not less than one-half pint of a 5 per cent solution of carbolic acid in each cuspidor.

MARYLAND.

Soft Drinks—Serving—Individual Containers—Sterilization of Utensils. (Reg. Bd. of H., Sept. 8, 1916.)

On and after September 1, 1916, no person in this State shall dispense or sell any soft drink to be drunk on the premises, unless the same shall be served in a container which shall be immediately thereafter destroyed: *Provided, however,* That when a glass, other container, or spoon is to be used more than once, it shall be thoroughly washed in an alkaline solution, and subsequently submerged in boiling water for at least five minutes, and thereafter kept in a clean and sanitary condition.

Anyone violating this rule shall be guilty of a misdemeanor, and subject to a fine not exceeding \$500.

MINNESOTA.

Ophthalmia Neonatorum—Notification of Cases—Prevention. (Reg. Bd. of H., Nov. 23, 1916.)

96. *Ophthalmia neonatorum defined.*—Any condition of the eye or eyes of an infant, independent of the nature of the infection, in which there is any inflammation, swelling, or redness in either one or both eyes of any such infant, either apart from or together with any unnatural discharge from the eye or eyes of any such infant within two weeks of the birth of such infant, shall be known as ophthalmia neonatorum.

97. *Duties of physicians, midwives, and others.*—It shall be the duty of any physician or midwife in attendance on or in charge of a confinement case to treat the eyes of every newborn babe with a 1 per cent solution of silver nitrate.

98. It shall be the duty of any midwife immediately to call a legally licensed physician in every case in which symptoms of inflammation develop in one or both eyes of infants under her care.

99. It shall be the duty of any physician, surgeon, obstetrician, midwife, nurse, maternity home, or hospital of any nature, parent, relative, and any person or persons attendant on, or assisting in any way whatsoever, any woman at childbirth, or attend-

ant on, or assisting in any way whatsoever, any infant, or the mother of any infant, at any time within two weeks after childbirth, knowing the condition hereinabove defined to exist, and within eight hours thereafter to report such fact, as the State board of health shall direct, to the local health officer of the city, village, or township within which the infant is cared for.

100. *Duties of maternity homes, physicians, etc.*—It shall be the duty of all maternity homes and of hospitals, public and charitable institutions to maintain such records of cases of ophthalmia neonatorum as the State board of health shall direct. It shall be the duty of any and all maternity homes, hospitals, public and charitable institutions, and all other institutions having the care of any infant, in addition to reporting as hereinbefore provided, to employ a licensed physician in the treatment of the conditions described in regulation 96.

101. *Duties of the local health officer.*—It shall be the duty of the local health officer:

(a) To investigate each case as filed with him in pursuance with the law and any other such case as may come to his attention.

(b) To report all cases of ophthalmia neonatorum, and the result of all such investigations as he shall make, as the State board of health shall direct.

(c) To conform to such other rules and regulations as the State board of health shall promulgate for his further guidance.

NEW YORK.

Communicable Diseases—Association with Others of Persons Suffering from. (Reg. Public Health Council, July 18, 1916.)

REG. 24.¹ *Exposure of persons affected with communicable disease.*—No person shall permit any child, minor, or other person under his charge, affected with diphtheria, measles, poliomyelitis, acute anterior (infantile paralysis), scarlet fever, smallpox, or typhus fever, to associate with others than his attendants.

No person affected with any of said diseases shall expose himself in such manner as to cause or contribute to, promote, or render liable their spread.

¹ Public Health Reports Reprint 279, p. 115.

MUNICIPAL ORDINANCES, RULES, AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

BRIDGEPORT, CONN.

Common Drinking Cups—Prohibited in Public Places. (Reg. Bd. of H., Sept. 1, 1916.)

SECTION 1. No person shall provide or expose any cup, mug, drinking glass, or similar article for use by the public generally in any place under his control, or allow any cup, mug, drinking glass, or similar article to be so provided, exposed, or used there, unless such cup, mug, drinking glass, or other article has been thoroughly cleansed and has been sterilized since last used.

SEC. 2. Any person who violates any of the provisions of this regulation shall, on conviction thereof, be punished by a fine not exceeding \$25.

Manure—Care and Removal. (Reg. Bd. of H., Aug. 24, 1916.)

Manure must be kept in box or bin with tight-fitting cover, properly ventilated.

Manure must be removed at once when box is filled, and must not be allowed to lie free on the premises.

Soda Fountains—Must Have Facilities for Cleaning Cups or Paper Cups Must be Supplied. (Reg. Bd. of H., Aug. 25, 1916.)

All soda fountains must either have a sink and running water at the soda fountain in order to comply with the regulations for the cleaning of cups in running water from three to five minutes before using, or sanitary paper cups must be supplied.

HORNELL, N. Y.

Health Authorities—Appointment and Duties. (Ch. 409, Act N. Y. Leg., May 3, 1916.)

SEC. 84. Section 210 of said chapter [ch. 288 of laws of 1906] is hereby amended to read as follows:

SEC. 210. The present board of health of the city of Hornell is hereby abolished and the terms of office of the commissioners thereof and of the health officer appointed by said commissioners or their predecessors shall expire as soon as this act takes effect and a new board of health and health officer have been appointed and qualified pursuant to the provisions of the public health law of the State of New York. The city clerk shall be the secretary or clerk of the board of health. The registrar of vital statistics in and for the city of Hornell shall be appointed by the board of health. The registrar shall keep a record of the vital statistics, and shall, on or before the tenth day of each month, make out and cause to be published a report of the deaths, births, and marriages occurring in the city during the previous month; he shall also make an annual report on the first day of January in each year and present the same to the board of health, and shall perform all other duties required by the general laws of the State. He shall receive for the use of the city of Hornell all fees which by general law the registrar of vital statistics is entitled to demand and receive and pay the same over to the chamberlain of said city. The board of health shall employ when necessary a sanitary inspector, a plumbing inspector, and a milk inspector, at salaries to be fixed by the common council, and shall prescribe their powers and duties as such inspectors. They shall perform such other duties as may be assigned by the board of health without further or additional compensation therefor. The terms of office of the present sanitary, plumbing, and milk inspectors shall terminate when this act takes effect.

SAN ANTONIO, TEX.

Ice Cream—Manufacture, Care, and Sale. (Ord. Nov. 20, 1916.)

No ice cream shall be manufactured or stored in any portion of a building which is used for the stabling of horses or other animals, or in any room used in whole or in part for the domestic or sleeping purposes, unless the manufacture and storage room for ice cream is separated from other parts of the building to the satisfaction of the health officer. All rooms in which ice cream is manufactured or stored shall be provided with tight walls and floors, windows and door screens and kept constantly clean. The walls and floors of said rooms shall be of such construction as to permit rapid and thorough cleansing. The room or rooms aforesaid shall be equipped with appliances for washing or sterilizing all utensils employed in the mixing, freezing, storage, sale or distribution of ice cream, and all such utensils after use shall be thoroughly washed with boiling water, or sterilized by steam. Vessels used in the manufacture and sale of ice cream shall not be employed as containers of other substances than ice cream.

All establishments in which ice cream is manufactured shall be equipped with facilities for the proper cleansing of hands of operatives, and all persons immediately before engaging in the mixing of any ingredients entering into the composition of ice cream, or its subsequent freezing and handling, shall thoroughly wash his or her hands and keep them clean during such manufacturing and handling. All persons shall be dressed in clean garments while engaged in the manufacture and handling of ice cream.

No urinal, water-closet, or privy shall be located in the room mentioned above or so situated as to pollute the atmosphere of said room.

All vehicles used in the conveyance of ice cream for sale or distribution shall be kept in a cleanly condition and free from offensive odors.

Ice cream kept for sale in any shop, restaurant, or other establishment shall be stored in a covered box or refrigerator; such box or refrigerator shall be properly drained and cared for and shall be kept tightly closed, except during such intervals as are necessary for the introduction or removal of ice cream or ice, and they shall be kept in such location and under such conditions as shall be approved by the board of health.

Every person engaged in the manufacture, storage, transportation, sale or distribution of ice cream, immediately on the occurrence of any case or cases of communicable disease either in himself, or in his family or amongst his employees, or within the building or premises where ice cream is manufactured, stored, sold, or distributed, shall notify the health department, and at the same time shall suspend the sale and distribution of ice cream until authorized to resume the same by the health officer. No vessels which have been handled by persons suffering from such disease shall be used to hold or convey ice cream until they have been thoroughly sterilized.

All cream, milk, or skimmed milk employed in the manufacture of ice cream shall, before use, be kept at a temperature not higher than 50° F., unless it is pasteurized before being so used. No cream, milk, or skimmed milk produced at a place that is not licensed by the city shall be used in the manufacture of ice cream unless it has been pasteurized.

No person, by himself or by his servant or agent, or as the servant or agent of any other person, firm, or corporation, shall sell, exchange, or deliver in the city of San Antonio any ice cream which contains more than 500,000 bacteria per cubic centimeter, or less than 8 per cent butter fat, except where fruit or nuts are used for the purpose of flavoring, when it shall not contain less than 6 per cent butter fat.

When fruits or nuts are used in the manufacture of ice cream, the fruit shall be sound, clean, and mature, the nuts shall be sound and nonrancid.

Ice cream shall be deemed adulterated within the meaning of this act:

First. If it shall contain boric acid, formaldehyde, or any other added substance or compound that is deleterious to health.

Second. If it shall contain salts or copper, iron oxide ochers, or any coloring substance deleterious to health: *Provided*, That this paragraph shall not be construed to prohibit the use of harmless vegetable coloring matter in ice cream when not used for fraudulent purposes.

Third. If it shall contain any deleterious flavoring matter or flavoring matter not true to name.

Fourth. If it be an imitation of or offered for sale under the name of another article.

Nothing in this act shall be construed to prohibit the use of fresh eggs and not exceeding one-half of 1 per cent of pure gelatine, gum tragacant, or other vegetable gum.

It shall be unlawful for any person, by himself or by his servant or agent or as the servant or agent of another person, firm, or corporation, to sell, offer for sale, expose for sale, or have in possession with intent to sell, any ice cream in any container which is falsely labeled or branded as to the name of the manufacturer thereof, or to misrepresent in any way the place of manufacture of ice cream or the manufacturer thereof, or the ingredients therein contained; or any ice cream which has been adulterated within the meaning of this act.

No old or melted ice cream, or ice cream returned to the manufacturer from whatever cause, shall again be used in the preparation of ice cream.

Any person, firm, or corporation who shall violate any of the provisions of this act shall be guilty of a misdemeanor and upon conviction thereof shall be sentenced to pay a fine of not less than \$25 nor more than \$200.

Ice Cream Parlors and Soda Fountains—Sanitary Regulation—Sterilization of Utensils. (Ord. Nov. 20, 1916.)

Ice cream parlors and soda fountains must be kept in a clean and sanitary condition. The floors must be kept clean and free from litter and accumulated dirt; the walls and ceilings must be free from cobwebs, dust, and accumulated dirt; the counters, shelves, drawers, bins, and fixtures must be kept constantly clean; refrigerators and soda fountains must be free from foul and unpleasant odors, mold, and slime. Glassware, spoons, etc., used at a soda fountain shall be thoroughly washed and rinsed in clean water after each using; soda fountains, sirup cans, and bottles shall be thoroughly washed before refilling; draft tubes shall be kept clean. Drainage boards, sinks, shelves, etc., on which glasses are placed must be kept clean. Beverages drawn from a fountain or faucet must be free from the danger of chemical action while in contact with lead, copper, and other metals.

Individual drinking cups, etc.—Hereafter, individual one-service drinking cups shall be provided and used in confectioneries and all other places dispensing soft drinks and other beverages, where such establishments do not maintain and properly use adequate facilities for the sterilization of glasses and other vessels used in dispensing beverages of all kinds. These shall be destroyed immediately after being used to serve a customer.

The use of straws is forbidden, except when such straws are kept protected from dust and dirt in suitable containers.

Drinking glasses for beverages at fountains, etc., shall not be used a second time unless sterilized in the interim.

Any person, firm, or corporation who shall violate any of the provisions of this act shall be guilty of a misdemeanor and upon conviction thereof shall be sentenced to pay a fine of not less than \$25 nor more than \$200.

WEST ORANGE, N. J.

Foodstuffs—Protection. (Reg. Bd. of H., Sept. 7, 1916.)

A supplement to an ordinance entitled "An ordinance for the protection of the public health of the town of West Orange," passed May 8, 1900:

SECTION 1. No food which is ordinarily consumed without further cooking (fruit and vegetables excepted) shall be exposed for sale outside any building or within any store, or delivered except in closed containers or wrappers.

Any person or persons violating this ordinance shall be liable to a penalty of not less than \$10 nor more than \$100 on conviction thereof.

[This regulation was effective Oct. 19, 1916.]